Clinical Lecture
ON
SUPPRESSION OF URINE AS A CONSEQUENCE OF RENAL CALCULUS.

Delivered at the London Hospital,

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GENTLEMEN,—It is not many weeks since I quoted to you a case in which I had ventured a diagnostic guess that the patient had but one kidney, and that an attack of complete suppression of urine from which he then suffered was due to the blocking up of his only available ureter. My patient in that instance recovered from the suppression, so that I was fortunately not in a position to give you the conclusive evidence which might have been afforded by a post-mortem. In confirmation, however, of my opinion, he voided a small calculus just after the cessation of his attack of suppression. At the time of my lecture I certainly did not anticipate that I should so soon be able to show you a specimen illustrating the precise condition of things about which we then only conjectured. However, here it is; here is the kidney of a man who had but one, and, as you may see, the ureter is blocked by a calculus.

The particulars of this interesting case I will give you briefly. The patient was an old gentleman of seventy-one, living at Stratford. He was attended in his last illness by Mr. John Kennedy, of that place. I chanced to be there in consultation on another case when Mr. Kennedy mentioned to me that he had under his care a curious example of absolute suppression of urine. As I expressed a special interest in the subject, he kindly offered to take me to see the patient, and we at once went to the house. It was now the sixth day since any urine had been voided. The history was that the old man had before his present illness always enjoyed excellent health. He was returning home one evening, when, in passing some young men who were "larking," he received a butt in the left loin from the head of one of them. It shook him, he said, very much, and he persisted in his assertion that to this blow his subsequent illness was due. His wife, however, did not seem to lay so much stress on the accident, and said that when he came home after it he seemed more angry than really hurt. On reaching home he had his supper as usual, but soon afterwards said that he felt uncomfortable and would go to bed. He now voided some urine. In the course of the night he got up, complaining of severe pain in the left loin, and tried again to pass water, but could not. From this time forward none whatever was voided, and his bladder remained empty. He had occasional sickness, but not of a distressing character. His main symptom was pain and tenderness in the affected loin.

Mr. Kennedy, who attended him from the first, gave purgatives and took measures to promote the action of the skin, but abstained from the use of diuretics. When I saw the patient he was decidedly low, with a cool skin and feeble pulse. He roused himself to talk to us, but his wife said that most of the day he had been heavy and stupid. His tongue was slightly dry. We could not detect any urinous odour about the skin. He had vomited once or twice during the day. With the history of a blow on the abdomen, it of course occurred to us that he might have a ruptured bladder. As I have often stated to you, it is by no means invariable that ruptures of this viscus are attended by severe symptoms of peritonitis. In this case, however, we had absolutely no tenderness and no fulness; and, further, there was the fact that, after returning home on the evening of the occurrence, the old gentleman passed urine which did not contain blood. We therefore put aside the hypothesis of ruptured bladder, and having extracted from our patient the statement that in boyhood he had been considered to suffer from stone, I ventured the opinion that probably one kidney had been long destroyed, and that he now had a calculus impacted in the ureter of the other.

We gave, of course, a most unfavourable prognosis, but at the time we left him I certainly did not anticipate that he would die within twenty-four hours. We told his wife that the probability was that he would sink into a state of unconsciousness, and so remain for a day or two. This, however, did not happen. Within an hour of our visit he had a convulsive seizure, during which he died.

Mr. Kennedy made the post-mortem on the following day, and kindly sent me the specimen for our museum. The case proved to be one of congenital absence of one kidney, for on the right side no trace of that organ or of the ureter could be found. The left kidney was twice its natural size, its pelvis was large and distended with fluid, and about four inches down its ureter was a round calculus nearly as large as the kernel of a small hazel-nut. The ureter above the stone was dilated, and below it contracted. The bladder contained nothing excepting a very small quantity of bloody fluid. The fluid which distended the pelvis of the kidney and upper part of ureter was blood-stained and thick. The structure of the kidney itself was deeply congested and flabby, but not otherwise diseased. There were a few serous cysts near the surface.

Thus the case appears to have been an uncomplicated one of suppression of urine from a mechanical cause, and it well illustrates an especial danger to which single-kidneyed persons are liable. Had this man possessed two kidneys he would not improbably have lived through the attack of uretral plugging, since the other organ would have sufficed to save him from uræmic poisoning. And here I may hazard the conjecture that it is probable that a majority of the rare cases of death from sudden and complete retention of urine in previously healthy persons occur to those who have but one usable kidney. The destruction of a kidney from the irritation of a calculus is not a very uncommon event, and numerous instances have been observed in which, as in our patient, one kidney was congenitally absent. It is, indeed, very difficult to conceive of any other condition under which sudden, complete, and permanent suppression of urine can take place. I do not by any means intend to deny its possibility, but I repeat it is difficult to understand it except in connexion with a mechanical cause; and the possible efficiency of such a cause becomes greatly increased when only one organ is present. In the lecture to which I have referred I cited the particulars of a case in which suppression occurred in connexion with cancer of the bladder and occlusion of the ureters by pressure on their vesical extremities. It must, however, be very rare for such a cause to induce sudden and complete suppression, and in all probability there would in such cases be very evident indications of disease of the urinary apparatus long before complete suppression could ensue. I repeat, then, that if suppression occurs suddenly in a healthy person, without any evidence of tumour or disease of the bladder, and if the suppression is from the first complete, then you may with considerable confidence conjecture that your patient has but one kidney, and that there is a calculus in its duct.

It may be convenient for me here to mention the particulars of two other cases which occurred under my own observation, and in which this diagnosis seemed plausible.

The subject of one, Mr. R——, a gentleman of middle age, I saw in consultation with Dr. Marten Cooke, at Forest-hill, in September, 1865. There was the history of symptoms

of kidney disease during several years, and calculi had repeatedly been passed; Mr. R—— was not in good health, though still able to attend regularly to his city occupations; and you will see that with this history there was no great improbability in the conjecture that one kidney had been destroyed by calculous pyelitis. I saw him on a Tuesday, and he had then had absolute suppression of urine for four days. I introduced a catheter, and found the bladder quite empty. Mr. R—— at the time of my visit, although confined to his bedroom, was suffering remarkably little, and there were no special symptoms of uræmic poisoning. We prescribed diuretics, diaphoretics, and purgatives; and I gave the diagnosis of single kidney and impacted calculus. I will read you an extract from a letter from Dr. Cooke, written a fortnight after our consultation, which records the satisfactory termination of the illness. "You saw him on Tuesday. On Thursday morning he had copious bilious motions, but, as no water had passed, I ordered him a hot bath in the evening. This was soon followed by an ample flow of pale water, and in the night he passed a stone like those you saw. He passed water freely for about twelve hours, but on Friday morning it stopped again, and none passed till Sunday morning (about forty-eight hours). I gave him some purgative pills on Saturday, and when they operated on Sunday morning the water recommenced to flow. When I called next day it had been passing in very large quantities, at intervals of half an hour to an hour, for twenty-four hours. None had been saved, but it was reported to be limpid, colourless, and inodorous. No second stone had been passed, and there had been no pain. What little feverishness there had been was gone, and the appetite was fully restored. It appearing to be very important for Mr. R—— to be at his office a short time this week, to make up the quarter's account, I rather reluctantly assented to his coming up for two hours daily."

I have mentioned the fact alluded to in Dr. Cooke's last paragraph because it well illustrates how slight had been the general disturbance which this gentleman suffered in connexion with his two attacks of suppression. Not only was it remarkable that no symptoms of uræmic poisoning came on, but still more so that there were none of what is called renal or uretral colic. I should suspect that his second attack of retention was not improbably due to a calculus in the pelvis of the kidney, which had never fairly entered the ureter, and which had been displaced back again. The absence of uræmic symptoms during the first few days of an attack of suppression appears to be the rule rather than the exception, and the amount of pain attending the passage of a calculus through the ureter is probably very variable. In some cases it is very severe indeed, and is attended by retraction of the testicle and by symptoms of nervous shock; but in others the passage of the stone from the kidney to the bladder is productive of but little inconvenience.

My other case was that of a commercial traveller of about fifty years of age. He had been accustomed to live freely, and had repeatedly been laid up with somewhat indefinite illness. Finally I saw him on account of absolute suppression of urine. He died on the seventh or eighth day of this attack, having passed no urine whatever during the whole period. His symptoms during the first week had been very slight—a little nausea, a feeling of weakness, and tendency to perspiration, but nothing at all alarming. During the last few days he was sleepy, and showed at times a tendency to wander; and his perspiration had a urinous odour. He died comatose. We could not get a post-mortem, and I am therefore not in a position to say whether it was suppression from advanced disorganisation of both kidneys, or from mechanical occlusion of one ureter, the other kidney having been previously destroyed. The fact that the patient had been about his occupation, and as well as usual, up to the date of the sudden commencement of suppression, is in favour of the latter view; whilst I must, however, admit that the absence of pain (uretral colic) is opposed to it.

Let me briefly mention, by way of appendix to my lecture, some cases which are already on record.

You will find in that invaluable mine of clinical material, the Transactions of the Pathological Society, several cases very similar to the one which I have brought before you. In vol. xvi. Dr. Bagshawe records the case of a man in whom, after death, the left kidney was found to be wholly destroyed by old disease, and the ureter of the right one plugged. In this instance the patient was an intemperate man, aged sixty-two, who, twenty years before, had been the subject of dropsy, from which, however, he had recovered. A month before his fatal illness he had suppression of urine for two days. His final attack was introduced by the passage with difficulty of a cupful of urine the colour of blood. Then entire suppression followed. At the end of four days he applied at a dispensary, when it was ascertained that his bladder was empty. He had now become drowsy, and had some nausea. On the eighth day he experienced a desire to make water, and, as his friends asserted, voided about half a pint. Dr. Bagshawe saw him first on the ninth day, and found the following symptoms:—Great restlessness, anxious manner, contracted pupils, muscular debility and subsultus, irregular and slow pulse (52 to 56), sticky coated tongue, and cold clammy skin. Death occurred next day, consciousness remaining perfect to the end, and extreme restlessness taking the place of the somnolence more usually observed. The plug found in the ureter in this case was not exactly a calculus, but consisted of crystalline masses of undetermined nature connected together by blood-clot. It was placed just above the entrance of the ureter into the bladder. We may note that the man is not stated to have had any severe pain in connexion with the kidney or ureter. He complained only of "a heavy, tensive feeling, not amounting to pain, in the situation of the right kidney."

In vol. xi. the late Mr. Nunneley, of Leeds, has recorded an important case, in which a woman, aged thirty-three, died, after twelve days, of total suppression of urine. The right kidney contained in its pelvis a large calculus, and in that of the left were several smaller ones. Both organs were so much diseased that scarcely a trace of normal structure could be found. It is stated, however, that both kidneys were "larger and softer than natural, allowing the fibrous covering to be easily stripped off." It is not expressly stated that either ureter was plugged; and my chief reason for mentioning this case to you is to show that similar symptoms may sometimes precede death from calculi which have not left the kidney itself. The patient had repeatedly on former occasions voided calculi. Her fatal illness began with severe vomiting and absolute suppression of urine. Distressing sickness was throughout the main symptom. On the sixth day there was subsultus of the tendons at the wrist; and about the same time she became dull and indisposed to move. She was never lethargic, and up to within a few minutes of death answered questions naturally. She had been wakeful rather than sleepy. No urinous odour was observed in the motions, or in the secretions of the skin or lungs. Some fluid, however, obtained by blistering, was believed to contain urea, an analysis having been made by Mr. Reynolds. Let me ask you expressly to note that this patient had no material pain. Mr. Nunneley states, in his heading to the case, that "the usual symptoms of urea-poisoning were not exhibited"; and avers that "she was free from pain," and "there was no tenderness or fulness of either back or body." He adds: "She was during the whole time perfectly sensible; the pupils were neither contracted nor dilated, and were obedient to light; the pulse was not above 80. Indeed, with the exception of suppression of urine, thirst, and vomiting, she had scarcely a symptom of ailment."

Dr. Fuller, in vol. xiv., gives us the narrative of a case in which a healthy-looking man of forty-nine was admitted into St. George's Hospital four days after having for the first time experienced pain in the loins. For twenty-four hours following the pain he passed no urine; then a considerable quantity escaped, and the pain ceased; but immediately afterwards the suppression recommenced and persisted. In this second attack of suppression he had no pain in the loins, no headache, no nausea; indeed, Dr. Fuller tells us that he came for advice only because he thought "all could not be right"—a conclusion in which you will think that he was fully justified at the end of three days of suppression. I must state here that this man, although in excellent health, had two years before been squeezed by a horse against the side of a stall, after which he had pain in the back and passed bloody urine. From that time, however, until the occurrence of the symptoms I have mentioned, he had no indications of kidney mischief. Dr. Fuller admitted him into hospital, and he died there nine days later. The autopsy revealed a calculus of large size in the pelvis

of each kidney, and in each the stone was so moulded to the ureter as to act as a plug, although not absolutely fixed. One stone weighed 120 gr., the other 98 gr. Both kidneys were large, and in both the pelvis was greatly dilated. The left kidney was much congested, and showed numerous cysts; the right was healthy. The symptoms which had been present during life fitted tolerably well with these disclosures after death, for the suppression had never been absolute. On several days he had passed two or three ounces of urine, and on the day preceding his death he passed as much as thirteen ounces. It was not until he had been four days in hospital that he showed any symptoms of disturbed health, and he had then only passed four ounces of urine during seven days. He had, however, eaten and slept well, and had not complained of pain or uneasiness in any part of his body. On the seventh day of his illness he began to complain of pain across his loins, had a furred tongue, and was dejected in spirits. Subsequently his pulse quickened, and he complained more and more of pain in the loins. He had also vomiting, constipation, and restlessness. He was never somnolent, and his death finally occurred almost suddenly, for he was sitting up in bed and talking to his wife only a few minutes before. His bladder contained at the time of death half a pint of urine.

ABSTRACT OF

Lectures
ON

ELECTRO-THERAPEUTICS.

Delivered at Charing-cross Hospital,

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LECTURE V.

THE RELATIONS OF PARALYSIS TO ELECTRICITY.

ON commencing the subject of electro-therapeutics properly so called, one cannot do better than to quote a passage from the work of Professor Meyer, of Berlin. He says: "As by the use of the stethoscope and the plessimeter the diagnosis of pulmonary and heart diseases has attained a scientific certainty, and the therapeutic processes, based upon the physical examination of the organs affected, have become rational, in like manner the treatment of paralytic cases has had a more scientific basis ever since we have been able, by means of that delicate reagent, the electric current, to examine the nervous and muscular irritability of the parts affected. As, however, the physical examination of the thoracic organs, without consideration of other indications, supplies in but very few cases the attainment of a sure diagnosis, and never for the establishment of a rational cure, so, too, the electric current is only an auxiliary, which, when we have fully considered all the symptoms peculiar to the individual, ... will, in many obscure cases, assist us to a surer diagnosis."

In many obscure cases of loss of the power of movement of any muscle or group of muscles, the electric reactions of the muscle or nerve are often of the greatest use, and serve not unfrequently as the main basis of a diagnosis, but more frequently to settle a diagnosis in cases where a consideration of the other circumstances has left a certain degree of doubt.

It will be convenient to recapitulate the causes which may act in producing want of power in a muscle.

1. Want of education. This would seem to be the main reason why most of us are unable to move the muscles attached to the lobes of our ears, and, according to physiologists, the power of moving them is to be acquired by taking thought and by diligent practice.

2. Want of will. The nerves or muscles may be in a state of health, but their possessor may not have the requisite force of will to set them in motion. This is the condition apparently in many cases of so-called hysterical or emotional paralysis. It is probably the cause, also, of some of the congenital paralytic conditions occasionally observed in idiots.

3. The will may be perfect, but the paths of nerve-force between the will and the muscles may be obstructed. This obstruction may occur (*a*) in the brain, as in cases of so-called apoplexy from hæmorrhage or embolism, or in cases of chronic degenerative change. (*b*) From acute or chronic change in the spinal cord, causing destruction of the proper nervous tissue of the cord. (*c*) The healthy spinal cord may be subjected to pressure from without, owing to tumour, thickening of the membranes, the fracture of a vertebra, or other similar cause. (*d*) The trunks or branches of any of the cranial or spinal nerves may become obstructed by intrinsic or extrinsic disease in any part of their course from the point where they branch off from the brain or spinal cord to the termination of the nerve-filaments on the fibres of the muscle.

4. Changes causing paralysis may occur in the muscles themselves. The changes seem to be mainly brought about either by cold, "rheumatism" (whatever that may be), or overwork.

In those cases where the peripheral terminations of the nerves are no longer in communication with their nerve-centres, or communicate with an effete part of a nerve-centre (a part, that is, whose tissues have been the seat of destructive changes), we get what has been called *peripheral paralysis*.

When the paralysed nerves are still *in communication* with a healthy portion of the nerve-centres, the cause of the paralysis being situated at a point in the cerebro-spinal axis higher than that at which the paralysed nerves join it, then we get what has been called *central paralysis*.

If a part of one corpus striatum be destroyed we get hemiplegia; but, since the greater part of the brain and the whole of the spinal cord remain unchanged and functionally healthy, the paralysis is a central paralysis.

If the spinal cord be compressed by a fractured vertebra we get paralysis of all nerves given off below the fracture; but, since the part of the spinal cord below the fracture remains functionally healthy, the paralysis is not a case of peripheral paralysis, but must be called "central." The spinal cord, it must be remembered, is not a mere passive conductor for nerve-force. It exercises important functions of its own, and it would seem that nerves remain healthy provided that, and just so long as (*ceteris paribus*), they communicate with a *healthy part* of the spinal cord. If the proper spinal influence, which exerts itself independently of all cerebral influence, can no longer exert its power, degenerative changes quickly ensue in the nerves emanating from the damaged portion of the cord.

If the trunk of a nerve be compressed, or cut, or degenerated, or if it communicate with a degenerated portion of a nerve-centre, be it spinal cord or brain, then we get a true case of peripheral paralysis, or, to use the words of Marshall Hall, a case of spinal paralysis.

When a nerve-trunk is cut across the degenerative and regenerative changes which ensue in the two cut ends are markedly different. In Demarquay's work, "De la Régénération des Organes et des Tissus," you will find an interesting summary of the pathology of nervous regeneration. Of the cut ends, that which is in connexion with the nervous centres does not degenerate at all, but degeneration rapidly sets in in the peripheral end, and extends along the nerve. This degeneration of the peripheral end (which seems to consist mainly in the fatty metamorphosis of the medullary substance of the nerve) is completed in about six weeks or two months. The exact condition of the axial cylinders is a matter of doubt, but, according to Erb, of Heidelberg, the degeneration of the medullary substance is accompanied by a thickening of the neurilemma, which, by pressing upon the axial fibre, materially interferes with recovery. In about three weeks after division of a nerve, the muscles supplied by it begin to waste.

When motor nerves and muscles are thus cut off from central influence, and when degeneration has progressed in the peripheral end of the nerve, certain changes are observed in the electric irritability of the nerves and muscles. It sometimes happens that for a few days after the occurrence of the peripheral paralysis, the irritability of the nerve is somewhat increased both to faradaism and galvanism.

Soon, however, a gradual decrease of the irritability (of

the nerve) to both kinds of current sets in, and (if the cause of the paralysis continue long enough) it vanishes altogether.

No muscular contraction can be elicited by exciting the *nerve* with either kind of current, no matter how intense. Irritability once lost is very slow to return, and it is curious enough that the nerve allows the passage of the mental stimulus at a time when it can no longer be excited by the electrical stimulus. This is due, according to Erb, to the thickening of the neurilemma, rendering the passage of the electrical current difficult; but, the axial fibres being undamaged, the mental stimulus is able to travel without difficulty. It is asserted that, if the electrical stimulus is applied at a point nearer the centre than the injury causing the paralysis, the excitability of the nerve for this stimulus can be proved.

The changes in the irritability of the *muscle* (in cases of peripheral paralysis) are very different. In the early days of the paralysis the irritability is normal, and then may follow a period during which the irritability of the muscle to both kinds of stimulus may sink somewhat. Between the seventh and fourteenth days after the onset of the paralysis it is found that the irritability of the muscle to faradaism is much lowered, and in a few weeks may be completely lost. The irritability to galvanism remains, however, as marked as ever; and as the faradaic irritability gets gradually less, the galvanic irritability goes on increasing, and not only increases, but becomes altered in other ways (it is said). Thus the faradaic irritability undergoes a mere quantitative change (a diminution). The galvanic irritability undergoes a quantitative and also a qualitative change. As to quantity, the irritability is increased; and you will find that a current of a certain intensity will produce muscular contractions in the muscle which is the seat of peripheral paralysis, while a current of twice the intensity is required to produce a similar contraction in the corresponding healthy muscle. The contraction is of a different character too, and is, so to speak, more lazy and prolonged on the diseased side than on the healthy side.

It is said also, by Brenner and by Erb, that the anodal closure contraction (A. C. C.) soon becomes very marked, and equals or even surpasses the cathodal closure contraction (C. C. C.); and, further, that the cathodal opening contraction (C. O. C.) becomes more marked than the anodal opening contraction (A. O. C.)

This heightening of the galvanic irritability lasts some time, and then a diminution sets in, and the irritability gradually disappears, the last reaction to be lost being the anodal closure contraction (A. C. C.)

These changed muscles react more readily if the interruptions of the current are slow. No reaction is got with momentary currents, faradaic or galvanic, and with the galvanic current only if the interruptions are slow. This seems to indicate that the reactions to rapid currents are due to the irritation of the intra-muscular nerves, and when these intra-muscular nerves have degenerated then the muscle no longer reacts to rapid interruptions.

With regard to the qualitative changes which I have enumerated, I must add that I have no knowledge of them myself, but since they come to us backed by the highest authority, I should be wanting in my duty did I not lay these alleged facts before you.

With regard to paralysed nerves and muscles which retain uninterrupted connexion with their nerve-centres, it is certainly surprising for how long a time they remain undiminished in size and irritability. It is a common observation that after a hemiplegia which has endured for many months the wasting of the muscles is often trifling in the extreme, and as often as not the electric irritability to both forms of current remains exactly the same as on the healthy side. If, however, a man injures a peripheral nerve—say his ulnar, or one of the branches of the external popliteal—it is astonishing with what rapidity the muscles supplied by the injured nerve waste, and how soon the electric irritability becomes altered in the manner we have indicated.

It not unfrequently happens that in cases of true central paralysis there are quantitative changes in the electric irritability. In the early days of a hemiplegia following cerebral hæmorrhage, and while active changes may be presumed to be going on in the brain, it is not unusual to find some heightening of the irritability of the nerves and muscles to both currents. Occasionally, too, where the hemiplegia is of long standing and the muscles have been long disused, the electric irritability is in some degree diminished, but as a rule you will find the assertion hold good that in cases of central paralysis there is no marked change in the irritability either of the nerves or the muscles. This rule of course holds good with "central" paraplegia as with "central" hemiplegia.

Let us now apply these rules to actual cases. Here, for instance, are two cases presenting the phenomena of facial palsy. Let us, for a while, disregard all other symptoms and examine the muscles of the face electrically. In the one patient we find that the muscles on both sides of the face react equally well both to direct and indirect stimulation, whether faradaic or galvanic. In this other case we find that, whereas the healthy muscles react readily to a faradaic current of small intensity, the paralysed muscles cannot be made to contract either to direct or indirect faradisation, notwithstanding that we employ a very intense current. With the galvanic current applied to the motor points of the paralysed nerves we get no result; but when applied directly to the paralysed muscles we find that they react to a current of an intensity too low to produce any result on the healthy side. The inference that we draw from this examination is that, in the first case, we are dealing with a *central*, and in the second case with a *peripheral*, cause of paralysis. This fact, in the first case, is made tolerably clear by the circumstance that the facial paralysis is only part of a hemiplegia. In the second case the peculiarity of the reaction confirms a diagnosis which we might have arrived at by a consideration of the other circumstances. The diagnosis is, however, not always so clear, and then the electrical reaction becomes of great importance. Not long since two cases came under my notice which presented apparently the same physical conditions. In both there was wasting and deformity of the right hand. In both, the cleft between the finger and thumb was markedly wasted; in both the metacarpal bones stood out in bold relief, owing to the wasting of the interossei; in both there was some "clawing" of the fingers, owing to the extension of the first and the flexion of the second phalanges. The condition of the hands was, in fact, exactly similar. The electric irritability, however, was markedly different. In the one, faradaic irritability was much diminished and galvanic irritability considerably increased; it was, in fact, a case of paralysis of the ulnar nerve from injury. The prognosis was favourable, and events have justified the prognosis. In the other case faradaic irritability was perfect, notwithstanding the wasting of the muscles. It was a case of "progressive muscular atrophy." The prognosis was bad; and here, too, events have justified the prognosis, for the patient has got worse instead of better.

These altered reactions, found in muscles in cases of peripheral paralysis, Erb proposes to call "degenerative reactions." They are found in—1. Some forms of *paraplegia* due to destructive changes in the cord. 2. Some forms of *infantile paralysis*. 3. *Traumatic paralysis* due to injury to the nerve-trunks. 4. *Rheumatic paralyses*—i.e., paralyses due to "rheumatic" thickenings of the neurilemma. 5. *Peripheral paralyses* due to other causes. 6. Paralyses due to *lead-poisoning*.

In treating paralyses the following rules may be of service—rules which are in part culled from Dr. Reynolds's invaluable treatise "On the Clinical Uses of Electricity":—

1. *If the paralysis to the will remain absolute, and if the contractility of the muscles be perfect, we do no good by persevering with electrical treatment.* This condition is often met with in hemiplegia. The patient is absolutely helpless on one side, although the muscles are in no degree wasted, and their irritability remains normal.

2. *If the paralysis to the will remain absolute, and if the irritability of the muscles be diminished, then electricity is useful, in so far as it helps to improve the nutrition of the muscle, and restore their normal degree of irritability.* The normal degree of irritability being restored (the paralysis to the will remaining absolute), then electrical treatment may be discontinued. The irritability of muscles may be diminished from mere want of use, and electricity may serve to restore this irritability.

3. We should bear in mind the advice of Sir Thomas Watson, that "our aim should be to preserve the muscular part of the locomotive apparatus in a state of health and

readiness, until peradventure, that portion of the brain from which volition proceeds having recovered its function, or the road by which its messages travel having been repaired, the influence of the will shall again reach and reanimate the palsied limbs."

4. Whenever we meet with the *degenerative reactions* we should employ that form of current to which the muscles most readily respond, which is invariably the galvanic. We must persevere doggedly, and we may find our perseverance rewarded by the gradual return of the normal muscular irritability.

5. If the irritability to both forms of current has completely disappeared, we are not justified in persevering too long, nor in holding out delusive hopes to the patient. Nevertheless treatment should not be abandoned without a patient trial.

In treating paralysis with electricity, an exact diagnosis is, above all things, necessary, and we should be able to bring our knowledge to decide as to whether or not the paralysing lesion is of a permanent nature, or one that, according to our pathological knowledge, is or is not removable, or susceptible of improvement. If not, then our efforts to cure must of necessity be unavailing. It is in those cases where the paralysing lesion has disappeared, or has improved, and we have only to combat with the effects produced by it, that our efforts are the most successful.

Hysterical paralysis is especially susceptible to electrical treatment, and with it we occasionally work apparent miracles. When a patient who has no will to move her muscles sees that her muscles can be made to move in spite of her will, it is no wonder that such a discovery should exercise a wholesome moral influence over her mental condition.

ON

EXPERIMENTATION ON ANIMALS FOR THE KNOWLEDGE AND CURE OF DISEASE.*

BY BENJAMIN W. RICHARDSON, M.D., F.R.S.

MY LORD PRESIDENT, LADIES, AND GENTLEMEN, — It is my duty as one of the delegates of this International Congress to speak on the question now under consideration. To me this duty is doubly difficult. I make bold at once to say there is no one here or anywhere whose sympathies towards inferior animals are stronger than mine; no one who is more anxious to save animals from unnecessary suffering, or to minister to the relief of the sufferings they may of necessity have to bear. I would, therefore, throw myself with all my heart, if I could, on the side of those who contend that experimentation on living animals is an unnecessary part of science, and, as a consequence, unjustifiable. But, in plain truth, I dare not assume this position, because I am conscious if I did I should commit the far greater wrong of striving to stop scientific progress in its course towards relieving and curing sufferings more extreme and terrible than those I might wish to prevent — sufferings which afflict all mankind, and which extend, though in much less severe degree, through the whole of the lower living creation. For this should ever be borne in mind, that no experimental disease, if I may use the term, can ever be inflicted on an animal that is more severe than certain of those diseases which are inflicted by nature on man, and which the physiologist endeavours by his research to cure. We have heard read to-day many details of experiments performed on some of the lower animals in which the animals were kept for several days in a state of induced disease. But lately I have for eight months had under almost daily observation one of our own species who has been enduring that fearful malady—a cancer of the tongue progressing into the throat. If I were to narrate the sufferings of this poor woman, the never-ending pain, the dread of taking food, the languishing exhaustion, and the superadded moral agony (of which the lower animal knows nothing) that death was as inevitable as it was terrible, the details that have been read by Mr. Hutton would sink into insignificance. And here, I think, is the secret of the difference that exists between different men who have similar sympathies generally, but opposing views on the question now before us—viz., that our humanity is tinctured by and through the diversity of the aspects of the great fact of pain. I confess that if I did not see constantly the intense, the all but hopeless sufferings of human kind, if I were not sure that the pain endured by man physically and mentally is the greatest of all pain, I should probably be at one with those who oppose altogether the subjection of animals to experimental research; nay, I might even be an extreme partisan in their cause. I am equally sure that if many of those ladies and gentlemen who know little of the intense and hopeless suffering of human kind, did know and did daily see what I do, they would be on my side, and would admit the absolute necessity of making certain inquiries, by experiments on living animals, which have for their ultimate object the relief of suffering. Thus the position I assume in justification of experiments is that of the necessity. I believe this is the position of all men who are engaged in the scientific cultivation of physiological inquiry, and that it saves the physiologist from the charges of cruelty so often laid against him by those who see but one side of the question, and reason only from that sight. I have known for the past twenty-five years physiologists of various nations, of this country, of America, of Germany, of Italy, of France; I have never known one who would wantonly inflict pain, or who was actuated by any other principle than that of endeavouring to unravel the intricate laws of life and death, so that life should, in the end, be made freer of pain, and death a less premature and less severe penalty.

I have said that the justification of experiment on living animals lies in the necessity, and I prefer to take this standground rather than the ground which many take—that, every day, for the performance of service to man, some other device involving cruelty to animals is carried out, by the side of which the pain, physiologically inflicted, is excessively small. From this stand-ground, truly the inconsistencies of the human mind may be observed, but from it nothing can be seen that supports physiological experiments on their own merits. I keep, therefore, strictly to the necessity. I repeat that at this period of our civilisation the necessity exists, and the fact could be proved by numerous illustrations, to one or two of which I will venture to ask your attention.

In the first place, let me refer to the subject of anæsthesia. I name this at once because it has been mentioned frequently at the Congress. Well, we physiologists have by our labours and discoveries in anæsthesia done what is admitted to have been good service to mankind. Yet he would indeed be a vain man who should say that what we have done is perfect: it is very imperfect. We have discovered an agent for removing pain which we call chloroform: that agent saves from all suffering, during periods of what would otherwise be moments of acutest suffering, multitudes of people. Still, as we learn the worth of this beneficent agency, we learn also that there exists amongst us a population to whom the extension of the beneficence is death. If two thousand five hundred persons inhale chloroform, one out of that number will, on the average, die from the inhalation. It may seem little to the outside world, which only hears occasionally of such a catastrophe, that one person in two thousand five hundred should die. But I assure you that to us medical men—to us, into whose hands is entrusted the administration, in whose hands the fatal event occurs, when it does occur—the fact is appalling; and if you had once experienced such a catastrophe—that a living being who a minute or two ago was talking to you, and who resigned his life into your keeping, died in a second, while you were administering the agent that killed him, you would feel with me that the fact is appalling beyond description; you would no longer wonder that we, charged with these solemn responsibilities—with the like of which, for positive weight of personal responsibility, none except ourselves are charged—you would, I say, no longer wonder at our earnest and incessant search for some other agent that should save us and our patients alike from the calamity. But, ladies and gentlemen, I tell you from a practical experience on this subject which dates from the first day when the news of anæsthetic

* Speech delivered on Tuesday, June 23rd, before the International Congress on the Prevention of Cruelty to Animals, Lord Harrowby in the chair.

discovery reached England, which has never been broken altogether for a day, and which now is, by mere length of time, equal to that of anyone living who could speak to you, that the improvement in anæsthetics so urgently demanded can be obtained by no other means than by experiments with new agents first conducted on animals inferior to man. I have in my researches never administered a new anæsthetic to a fellow human being without first subjecting myself to its influence, but it would be too much to ask of any man, it would be wrong of any man, to subject himself to the influences of a new agent until he had tried whether the agent could be safely administered to an inferior animal. We are advancing fast at this moment in our knowledge of the principles by which a perfectly safe anæsthetic may be discovered, and one of us will one day present to the world a method that shall give all the advantages of anæsthesia with not one of its dangers. It is for you to say if you will let us pursue our course. If you hold that an animal which may be killed to come to your tables for food must not be subjected to possible death from a new vapour or gas which chemistry may yield for anæsthesia, then safe research with anæsthetics ceases, and either the mortality now existing must continue, or whatever new experiments are made must be made originally on man, for whose benefit they are truly designed, but not less for him than for the creatures under his dominion.

I refer, in the second place, to another line of research, in which experimentation on the lower animals is justified by necessity. There are frequently occurring amongst us distressing incidents of sudden deaths of persons in the prime of life, under circumstances in which the body is but little injured. There are deaths of this kind from the anæsthetics, from drowning, as in a fatal catastrophe like that which occurred some few years ago in Regent's-park; from suffocation, as from choke-damp in a mine, where, perhaps, a whole community of busy men succumb to what seems to be fatal sleep. We hear of these calamities; some of us witness them; we do all we can to save life, without avail. To the common mind all those who have thus succumbed are considered dead, but to the eye of science there are always certain of these sufferers, at least, who are not actually dead, who, if the precise means were known for their recovery, would be brought back into existence while they are now permitted to lapse into the state of actual death. In the direction towards a great advance on this subject physiological science is making steady and certain progress; but as no observer can see a sufficient number of human beings who are accidentally exposed to death, nor, if he could, would be justified in experimenting on the human subject, the further progress of discovery can only be conducted upon the inferior class of animals, by subjecting them to rapid, painless, and as yet fatal insensibility, and afterwards studying those means which tend to promote the restoration of the animal functions. I can scarcely conceive that any of you could object to the pursuit of learning that should save even the life of one little child by such method, and when we consider how vast is the result of every real gain made by science towards the immediate saving of innumerable lives, the sacrifice of the animal to this object is certainly as justifiable as the sacrifice of it for food, or raiment, or any other purpose which the common sense of the world permits and approves.

There is yet another line of experimentation which, for a time, is justifiable on the ground of necessity. There are classes of disease, terrible in their severity, inscrutable in their nature, inevitable in their fatality, and yet probably all curable, which diseases we physicians are now forced to look upon with despair. There is that disease, cancer, of which I have spoken; there is consumption; there is epilepsy; there is lock-jaw; there are all the fevers and the other contagious diseases killing daily their thousands. We physicians, looking on, doing our best, but at our best doing little, say if we only knew the cause, if we only knew how these maladies could be induced, we should see more clearly into their nature, we should see more clearly how they could be prevented or how they could be cured. Is it not reasonable, then, knowing that this is the only line of inquiry that promises anything, and feeling that human beings cannot be submitted to experiment, that inferior animals susceptible of these diseases should be, with due provision and thought, subjected to experimentation in order that light may be thrown on what is now so obscure and fatal. In these researches on induced diseases the animal cannot suffer more than the human being would suffer, or itself would suffer if the maladies came by natural event, while the lesson taught is utilised towards the removal of the maladies altogether from man and animals.

Lastly, in the matter of cure of diseases, in the application of potent remedies, some of which in new form chemistry is every day bringing forth, there is no method of primary research for testing the physiological action of remedies except through the inferior animal.

I come now to touch on another topic. It has been openly asserted that all our experimental research on animals has been practically useless. I cannot wait to illustrate the utter fallacy of this statement in all its bearings, but I will disprove it by two illustrations. Thirty years ago every surgical operation that had to be performed on an inferior animal was performed necessarily with pain to the animal; now, I affirm, there is no operation that cannot be performed absolutely without pain. To whom does the animal world owe this boon? I answer, "To the experimentalists." I pray you in common fairness ask yourselves what, in the way of kindness to inferior animals, surpasses this gift proffered to them by the men of science? And thereupon I also pray you, before you venture unqualified condemnation, to pause and consider whether such condemnation is not as unjust as it is unwise.

Again, and in like manner, by the experimental method certain acutely painful diseases occurring to the human subject have been alleviated to an unexpected extent, and sometimes cured. Those of you who have read Miss Muloch's story of "John Halifax, Gentleman," will remember with what truthful though painful narrative the hero of the story is led to his death—a death produced by that terrifically excruciating disease known as angina, or breast pang. A few years ago we had no remedy that would immediately check this spasm of the heart and breast; now we supply our sufferers with a vapour of an organic compound (nitrite of amyl); we teach them how to inhale it, and when the attack threatens, under the relaxing influence of this vapour the spasm is controlled, and, as I have myself known, has been warded off again and again, until recovery has crowned the effort of cure. We give this same vapour again to the man rigid with tetanus, until he relaxes from the universal muscular cramp in which he is held, and in some instances he relaxes to recover from death. I tell you these results earnestly, that I may tell you honestly how they were brought about. They sprang simply from an experimental observation of my own, that the vapour of the substance I have named, inhaled by an inferior animal, would produce the extremest relaxation of muscular fibre. Thence it was inferred that the same vapour would relax muscular fibre when in a state of spasm, an inference which was proved to be correct and to be practically applicable in the manner I have stated.

In what I have said I have striven to put forward the justification of experiment within its legitimate bounds. I oppose, as much as you do, all wanton experiment, all unnecessary experiment, all useless repetition of experiment, all experiment that has not some profitable and practical object in view. I have never known in this country experiments performed on living animals for the mere sake of learning to operate, and I have never read of such except in the rarest instances where a great surgeon, about to essay an entirely new operation on man, has tried first on an inferior animal if the operation could really be performed; but if I did know of such a method of learning to operate, systematically, on lower animals, by inexperienced men I should condemn the practice as heartily as Mr. Cartilage has condemned it, and on similar grounds.

It remains for me only to say that I cannot vote for Mr. Hutton's motion. It would be impossible, it seems to me, to define the word *torture* in its application to experimental research. One man would consider certain convulsive symptoms proofs of torture which a physiologist might know were symptoms of deepest insensibility, and there would be disputation immediate and endless on the word. The appointment of an inspector would be equally inapplicable. It is not likely that a physiologist bent on an important research, over which he may have spent years of labour, would submit all his experimental designs and anticipated discoveries to an inspector, whose want of knowledge, or caprice, or love

of authority might stand directly across the path of experiment; and, what is more, I do not conceive how an inspector could faithfully determine on the selection of experiments in a proposed series directed to a particular subject of original investigation of which he has no knowledge. In conclusion, presuming that you could carry out the plan suggested by the resolution in form, I am convinced you would fail in practice. The questions to be solved by physiological experiment are so momentous that you can by no legal enactment limit their performance. At this moment experimental work, whether it be good or bad, is openly done and published, so that you have actually the report of it in your hands for public criticism. This is to you a great power which you do not fail to wield. If, wielding the power, you strive to suppress experiment, by making it impossible in open day, you will only relegate it to dark places in which it should never be concealed.

CLINICAL NOTES ON THE DIAGNOSIS AND TREATMENT OF PSORIASIS.

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CASES of psoriasis are met with in hospital practice with very irregular frequency. This has certainly been my own experience in the skin clinique at St. Bartholomew's Hospital. Sufferers from chronic psoriasis commonly assert that they are worse in spring and autumn. Close investigation, however, as to the truth of this statement cannot fail to induce considerable incredulity upon the point.

Some patients complain, and certainly with truth, that they are always worse at the onset of and during cold weather, and declare that they are most free from the disorder in summer-time. It is not yet known whether there are definite cyclical changes of nutrition in the body. It would seem that most persons lose weight in early autumn, and unquestionably with the first return of warm weather the functions of the skin are greatly exalted. The still prevalent belief that certain things happen to and are necessary for the body in spring-time has, at all events, the respectability due to antiquity, and has received aphoristic expression from Hippocrates.

In establishing an exact diagnosis for each case of psoriasis, the points which appear to perplex students are the following: first, is the affection of a syphilitic nature? and, secondly, is it a manifestation of the gouty habit? I shall only briefly allude to these points. At the outset, it may, I think, be boldly stated that the majority of cases at all recognisable as psoriasis are really instances of the disorder properly so called; for I would restrict the term to such scaly affections only as may not in any stage rightly be called eczema, and which are distinctly not of a syphilitic nature. The latter are to be recognised by attention to the particular localities affected, by the form and colour of the patches, the amount of scaliness, and by the sensory conditions of the disordered areæ.

The distinguishing points in the scaly forms of syphilide are as follows:—They are commonly met with upon the face and neck, but are also seen upon the trunk and limbs. When in the latter situation the inner aspect is most frequently affected. The palms and soles are often the seats of eruption. A preference is shown for the orifices of mucous outlets, such as the canthi, nostrils, or mouth. The patches are generally small, and sometimes have raised edges, and tendency to a gyrate form. The colour is not always coppery; it may be as red as the non-specific variety, but occasionally a bronze hue is very manifest. There is but little tendency to the production of scales, and such as exist are thin, and not imbricated. Lastly, the patches, as a rule, give rise to no itching or other sensory disturbance.

True psoriasis is to be recognised by the localities especially affected, which are the fronts of the legs and backs of the arms, the patellar and olecranial integuments suffering with most frequency. In form the patches may vary from small circular spots to large diffuse patches of irregular outline, and there is a tendency to coalescence of these, which is not the case in syphilitic disease. In colour true psoriasis is, after removal of the scales, more or less crimson, often vividly so. The scaliness is generally well marked, and the amount varies according to the age of the patches and the cleanly habits of the patient. It may reach the extent of limpet-shaped cups, almost resembling rupial crusts in form, but there is no scab or exudation. More commonly the excess of scaliness renders the patch white and silvery, hence the term *alphos* has been applied to this aspect of the disorder. The scales are generally imbricated. The patches are frequently the seat of itching and stinging sensations. In a majority of cases a differential diagnosis may be made by the amount of disease present in any given instance. When a patient strips and reveals large masses of scaly patches scattered all over the body, the case is almost always one of true (non-syphilitic) psoriasis. When any doubt remains, other characteristic points must be looked for and inquired into. If there be, in addition to scaly patches, some raised tubercular portions, and if the latter be even of bright-red colour, the probability is strongly in favour of syphilitic disease. Tubercular syphilides are often red, perhaps more often so than of coppery hue.

Implication of the scalp may lead to hesitation in eliminating syphilitic taint. Eruptions appearing at the margin of the hairy scalp are usually regarded with suspicion as to their origin. But, in truth, simple psoriasis is sufficiently common upon the head and upper frontal region. Not so, however, upon the palmar and plantar surfaces. Attention in any doubtful case should be paid to this latter point. The necessity for this has been particularly impressed upon me lately by a very noteworthy case, and I propose to give some of the details of it in illustration of the importance of the matter. A woman, aged fifty-four, came under the care of my colleague, Dr. Andrew, in Mary ward, for treatment of psoriasis. The disorder began three months before admission into hospital. The arms and legs were most affected, the trunk less so; the scalp, face, *palms, and soles were free. The patellar and olecranial surfaces were especially invested with scaly patches.* The colour in the least squamous parts was vivid red. The woman seemed to be in good health. A tarry application was found too irritant, and small doses of arsenic were immediately resented. The treatment was altered to simple placebo, and oily inunction and bran baths were employed. But little improvement took place. One day Dr. Andrew noticed that the palms of the hands had become affected, and, on examination, the soles were found to have patches upon them. Iodide of potassium was at once ordered, and in a few days the most remarkable improvement occurred. After thirty-four days of treatment this patient was discharged with a clear skin. Further inquiries into the woman's history elicited the fact of a miscarriage soon after her marriage, and she never had any children.

Notwithstanding the anomalies as to colour, symmetry, and localities affected, there seemed no reason to doubt the specific character of the disorder in this instance.

In the ordinary forms of psoriasis, iodide of potassium is quite powerless as a remedy. In the above recorded case, the key to the nature of the affection, and the special indications for treatment, were obtained from the fact of the implication of the palmar and plantar surfaces.

The ordinary form of psoriasis is usually seen in persons who are robust, and it is very common to find that the disorder has recurred several times. It is seldom met with in children under six years of age. The sexes appear to be about equally liable.

It is not often that one can elicit a distinct history of gout in cases of psoriasis; but, as an indication of a tendency to such a diathesis or of some condition allied to it, it is frequently the case that lithiasis occurs in these patients. I am inclined to believe that a form of eczema rather than psoriasis is the cutaneous manifestation of a gouty habit, and its characters are the following:—The patches may be variously situated, not unfrequently being found upon the face and lower extremities; they tend to assume a dry condition without much scaliness; they are intolerably itchy and stinging, and in colour they are dark crimson. One peculiarity is that they are apt to recur upon the same locality; another is especially noteworthy—that while they are not amenable to arsenical medication, they sometimes

speedily yield to so-called antiarthritic remedies, such as alkalies and salines. Such dry eczematous patches should hardly be confounded with the paler, more scaly and diffused ones of true psoriasis. There can, however, be no doubt that in some persons attacks of psoriasis alternate with those of articular gout.

In the majority of cases we have to confess our ignorance as to the underlying condition of which this disfiguring affection is significant. Some writers maintain that it is in some way related to latent syphilitic taint. This view is not, however, borne out by the results of treatment. Again, the alleged frequency of the disorder amongst the Jews has led some to conceive that this squamous disorder is a relic of leprosy. This view cannot be held to be proven in any way. It is in some respects satisfactory to know that vigorous and healthy persons are most commonly the sufferers. The disease certainly runs in some families, and hereditary tendency to it exists.

Treatment.—In such cases as are manifestly due to syphilis there is no difficulty in applying proper remedies. Small doses of perchloride of mercury, with or without iodide of potassium, are most useful. Sometimes iodide of potassium alone is sufficient to remove the disease, and the doses must be gradually increased according to the effect produced. Locally there is much to be secured by the employment of such mercurial preparations as irritate least, and the best of these are the five per cent. solution of oleate, or a fifteen grain to the ounce solution of bicyanide of mercury. Calomel or vermilion fumigations are also of marked service, two or three of these usually proving sufficient. Salivation does not follow this practice, unless the patient inhales the vapour of the volatilised salt.

Recurrence of the disorder is apt to follow if the remedies be too soon withheld, and in every case the patient should remain under occasional observation for two or three years. Attention to the general health is of much importance, regular habits and strict temperance being especially enjoined.

In the management of true psoriasis there is scope for much discrimination. As in all cases of disease, the patient, and not his malady, should be treated. In most instances there is much to be done locally. I am convinced that the favourite dictum of Professor Hughes Bennett, of Edinburgh, with regard to this disorder, has much truth in it. He used to teach that pitch externally, and arsenic given internally, would cure any case of psoriasis in six weeks, and I have frequently witnessed the good results of this treatment in his hospital practice. It must, however, be stated that during this period the patient either kept to his bed or lived in clothes constantly smeared with pitch ointment, and I have little doubt that much of the success of the plan depends upon the *constant* application of the local remedy. Hence this method is only suitable, as a rule, for hospital patients. Frequent baths also formed part of the Edinburgh treatment. The arsenic was given in the form of Fowler's solution together with half-drachm doses of liquor potassæ.

It must be admitted that this plan of medication is not so universally applicable as the above-quoted dictum might lead one to believe. Many cases of psoriasis are intolerant of the action of pitch. In certain persons, and in particular stages of the disorder, the remedy proves too irritant; and, again, arsenic, even in the smallest doses, cannot be borne by some patients. Hence, in many instances, the employment of pitch has to be carried out in a modified form. I have a high opinion of the value of the application in the majority of cases. If pitch ointment is objected to, some of the tarry oils, or carbolic acid, may be substituted; and the odour may in some degree be covered, as Dr. McCall Anderson has shown, by the oil of lemon-grass (citronella) or by rosemary. The tarry preparations, and all local remedies indeed, should only be applied to the affected spots, and with as diligent friction as can be borne. The linimentum picis comp. is a favourite application at St. Bartholomew's Hospital; and is composed of equal parts of pitch, soft soap, and rectified spirit of wine. It is best laid on with a painter's brush, or with a piece of flannel.

Warm alkaline baths are of much use, not less frequently than twice in the week; and, if the patches will bear it, they may be effectually cleansed and prepared for fresh inunction by friction with soft soap and pumice-stone.

It will be found, however, in many cases, that this local treatment is resented, and this is to be looked for in the early stages of the disorder, when the patches are small and hyperæmic, and when fresh spots are still appearing. Irritant treatment is inapplicable to this condition, and, instead, it is proper to employ simple inunction with olive oil, almond oil, or spermaceti ointment. Warm rain-water baths and a lather of warm gruel or decoction of starch are also preferable to alkaline baths.

Later on, good Castille or petroleum soaps may be used to cleanse the patches and get rid of scales. If cracks appear in the lines of motion, and the affected parts become very sore and sensitive, water-dressing is of much service in allaying the discomfort, and it may be practised after anointing with bland oils. A creamy paste of oxide of zinc with a little glycerine-and-water or lime-water may also be used with benefit. The cracks may be treated at night with the glycerine of starch. In the later stages of most cases the tarry applications may be employed. If it were possible to secure a constant contact of pitch, the results would, I believe, be more satisfactory than they usually are. It often happens that patients consent to use this application only at night, and hence a longer time is required to remove the disease.

In the Dublin schools the use of calomel ointment is common. I have tried this preparation in a number of cases, but I think it is less efficacious than pitch. Salivation never follows the external employment of calomel. Nitrate-of-mercury ointment is a more powerful application, and sometimes proves very useful. The oleate of mercury is, however, preferable in many respects. I have known beneficial results to follow the use of two or three calomel fumigations (fifteen grains at a time), even in cases where there was no reason to suspect any syphilitic taint.

Few remedies exceed in value the employment of lemon-juice locally in obstinate cases of palmar psoriasis. The part should be rubbed with a piece of freshly cut lemon several times a day.* It is often difficult to prove the exact nature of chronic palmar psoriasis. Many cases are doubtless of syphilitic nature, but many are quite uninfluenced by anti-syphilitic treatment. Lemon-juice may be tried in all chronic and unyielding cases.

In most cases of chronic psoriasis it becomes necessary, and it is often desirable, to change the local plan of treatment. Thus, mercurial preparations may be used alternately with those of tar. Any remedy that is manifestly beneficial should be steadily persevered with till the disease disappears. Constitutional treatment should be continued for some time after the removal of the patches, and I now pass on to discuss the best methods of internal medication.

There appears to be much unanimity amongst writers upon skin diseases as to the value of arsenical and alkaline remedies in cases of psoriasis. It may, I think, be safely affirmed that the majority of cases are benefited by arsenic. It is certainly more useful when the acute stage has passed away, and when the patches have become very scaly. If it can be borne at all, it can generally be taken in considerable doses. It is best given in the form of Fowler's solution with liquor potassæ or bicarbonate of soda in any suitable infusion. Sometimes it is better borne in the form of the Asiatic pill (with black pepper). From three to six minims of the liquor arsenicalis may be given three times a day, and each week the dose may be increased by a minim or two. Mr. Hutchinson's plan of withholding the medicine altogether for a day in each week is, I think, worth following during an arsenical course. I do not lay much stress upon the exhibition of the drug immediately after food, having observed, as many practitioners must have done, that, if arsenic is borne well, it can be taken almost at any time. As there are exceptional cases, however, it is perhaps a safe rule to enjoin upon most patients, and by some persons arsenic can only be taken after food. The dose may be carried to the extent of ten or fifteen minims if need be, and the larger quantities will often accomplish results which are quite unattainable by the smaller. I believe many cases of psoriasis are allowed to linger on unbenefited because arsenical medication is not sufficiently and boldly pushed. If there is clearly an intolerance of the remedy, it is proper to prescribe simple alkalies, and an effort may be made to act more freely upon the kidneys.

* I am indebted for this information to my friend Dr. Allan, of Hyde-park-terrace. I have used lemon-juice in this way successfully, and am still investigating the cases in which it proves of most service. The plan may be worthy of more extended application in psoriasis.

Thus, nitrate of potash, acetate of potash, and nitrous ether may be given. Pitch, in the form of capsules, to the number of three or six in the day, each containing five minims, may be tried; likewise carbolic acid, in doses of one or two minims, in the form of pill. With these latter remedies may be classed the balsam or resin of copaiba, and the tincture of cantharides, which are held in repute for the treatment of psoriasis. It is not unlikely that these medicines act beneficially by stimulating the action of the kidneys, and thus relieving the skin.

If there is manifestly a gouty predisposition, it is important to employ alkaline remedies, and colchicum may be given with these; and in these cases it is necessary to employ mercurial purgatives occasionally, and to promote more free and watery evacuations from the liver and bowels by means of sulphates of magnesia and soda or by the action of Rochelle salts.

In most cases of psoriasis, but especially if there is gouty taint, care must be exercised as to proper diet and regiminal habits. Rich and fatty food, highly-seasoned dishes, and undue amount of animal food must be avoided, likewise cheese, pastry, wines, and malt liquors. A plain diet, consisting of fish, fowl, and roast meat, with abundant green food—cruciferous mainly—and free use of water-drinking, is best. Light claret or well-diluted alcohol may be permitted to that large class of patients who will not be persuaded to abstain, even temporarily, from the use of all liquors.

Resort to some of the spas thus becomes a valuable adjunct to most therapeutical measures in the treatment of psoriasis. The discipline enforced, the facility for bathing and water-drinking, and the avoidance of improper dietetic habits, are all of value to such patients. I believe the sulphurous waters of Harrogate are amongst the best in this country for sufferers from psoriasis. No benefit can, however, be looked for in chronic cases unless a prolonged course of treatment is carried out. It is well worth while for any patient severely affected to try the effects of three or four months of suitable hydropathic treatment.

On the continent the baths of Aix-la-Chapelle, Schlangenbad, and of Leuk are amongst the best. In the more recent cases the latter are indicated rather than the former. The most suitable waters for drinking are those of Vals, Carlsbad, Freidrichshall, and Püllna.

It will be observed in some cases that the patches commence to clear up from the centre, and a raised marginate eruption remains. The latter must be vigorously treated, and the healing centres may be less carefully attended to. The explanation of the occurrence is probably to be found in the fact that the parts first attacked tend to recover first, while those which are affected later—the extending areas—are the last to be restored to health. Cases met with in this healing stage, constituting one of the annular or *lepra* varieties of the disorder, must be carefully distinguished from gyrate patches of syphilitic squamous affection. In such chronic cases as are termed *inveterate* I should counsel prolonged hydropathic treatment, with careful attention to the weight and general nutrition of the patient.

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A CASE OF

ANEURISM OF THE LEFT SUBCLAVIAN ARTERY TREATED BY REPEATED GALVANO-PUNCTURE.*

BY ARTHUR FERGUSSON McGILL,

DEMONSTRATOR OF ANATOMY AT THE LEEDS SCHOOL OF MEDICINE.

THE treatment of aneurisms by galvano-puncture, though by no means new, may as yet be said to be on its trial. The case which I now bring under notice has, therefore, some interest, for though the treatment adopted has not "cured the disease," it has, at any rate, "alleviated suffering," and will, I believe, "prolong life."

The patient, a woman aged thirty-five, is a laundress, who, till Christmas, 1871, enjoyed good health. At that date she received a blow from the handle of a mangle on the front of the left shoulder. The blow, though a hard one, did not prevent her following her usual occupation. She suffered much from pain in the shoulder, which pain extended down the arm into the hand. In the next May (1872) she noticed a swelling below the clavicle, and soon after began to feel pulsation in it. The tumour gradually increased in size, the pulsation became stronger, and the pain continued to get gradually worse. This went on till August, when she came to the Leeds Infirmary, and was admitted as an in-patient under the care of Mr. Seaton. It was then that I (being at the time house-surgeon) first saw her. The tumour was clearly an aneurism springing from the third part of the left subclavian artery. It was of small size, but projected both above and below the clavicle. Pulsation could be arrested by pressure on the third part of the subclavian artery above the clavicle. Mr. Seaton, after consultation with his colleagues, determined to try the effect of digital compression; this was kept up by relays of students for twenty-four hours consecutively. The result of this treatment was not encouraging; the aneurism was little, if at all, affected, and the skin became so tender as to cause the pressure to be borne with difficulty. The patient remained five weeks in the infirmary, and then left at her own request.

For the next six months I saw her but seldom, but in April of this year she came to consult me. Her condition, both as regards general health and local disease, had much deteriorated. The pain had become much worse, so bad, indeed, that she had slept but little, and was quite worn out. She declared she could not live much longer, and requested me to undertake any operative interference which I might deem expedient. On examination, I found that the aneurism had increased much in size, especially in a downward direction. The pulsation could be felt distinctly as far as three inches below the clavicle, and could not be arrested by pressure on the artery. Three methods of treatment occurred to me as feasible: (1) manipulation; (2) the distal operation, combined with amputation at the shoulder-joint; and (3) galvano-puncture. After a consultation with Dr. Clifford Allbutt, who kindly saw the case with me, and for whose assistance and advice I am much indebted, I determined to adopt the latter course.

On April 23rd the operation was performed for the first time. Two of Weiss's insulated steel needles were introduced into the aneurism from opposite sides, at a distance of four inches from each other, and were brought into apposition in the sac; the points were then separated, and the current, from five cells of Weiss's continuous current battery, was passed. This caused great pain and twitching of the muscles, which was increased when the points of the needles came accidentally in contact. The aneurism was beginning to feel harder, when it was noticed that the insulating material was coming off the negative needle, and that the skin round was becoming red and charred; this being the case, the needles were withdrawn three-quarters of an hour after their introduction. No results, either good or bad, followed, so on May 3rd the operation was repeated. The needles used were those recommended by Dr. John Duncan,* one of platinum, the other of steel, for the positive and negative poles respectively. They were inserted from below parallel to one another, and an inch apart. At first ten, and afterwards fifteen cells of the battery were used. In a few minutes the skin of the hand became red and mottled, presenting the appearance of urticaria; this gradually spread up the arm, and was accompanied by intense itching, followed by a burning pain, which in half an hour became so intense that it was necessary to administer chloroform. The aneurism gradually solidified; it increased in size, but did not become tympanitic; after an hour and a half no pulsation could be detected. At the end of two hours and a quarter the needles were withdrawn. There was slight oozing of arterial blood, which was soon stopped by the application of collodion and cotton-wool.

The patient suffered much from vomiting caused by the chloroform. For thirty hours no pulsation could be felt, but at the end of that time a slight beating could be detected. This gradually increased till, at the end of a week, it was almost as severe as before the operation. The pain was, however, much relieved, and she slept well.

Wishing to try another method, I again operated on May 23rd. Three needles were introduced and connected with the negative pole, the positive pole consisting of a

* Read before the Leeds and West Riding Medico-Chirurgical Society.

* Made by Archibald Young, Edinburgh.

damp sponge applied over the aneurism. Twenty cells were used, but, as there was no apparent result, the needles were withdrawn after three-quarters of an hour.

For two months there was no return of the pain, and the aneurism gradually got harder. On July 18th there was a severe thunderstorm in Leeds. The patient was much frightened, being up the greater part of the night. The next day the pain returned and the pulsation was increased. As these persisted, on July 23rd the operation, performed in the same manner as that of May 3rd, was repeated for two hours and three-quarters, chloroform being administered the whole time. The symptoms both during and following the application of the galvanism were the same as on the previous occasion. She has since been almost free from pain, and the aneurism has been gradually getting harder and more solid. She has now (Nov. 1st) been working for a fortnight as a mill cook, and, notwithstanding the hard work, there is only the slightest pulsation. I have strongly urged her to give up her heavy work, and hope that in a few months more the aneurism will be entirely consolidated.

Remarks.—1. It is advantageous to give the patient chloroform before commencing the operation, as, without it, it is impossible to prolong the operation for a sufficient time. 2. The needles should be well insulated to avoid burning the skin round that connected with the negative pole. 3. The current should be passed for at least two hours; very probably twice that time would be advantageous. 4. The operation by the insertion of needles connected with the negative pole had, in my hands, no effect whatever. 5. The patient should be kept quiet in bed after the galvano-puncture. Unfortunately in my case she was obliged to get up soon after, and never stayed in bed for more than three days. More prolonged rest would, I believe, have led to a more satisfactory result.

Park-square, Leeds.

ON

CERTAIN PHYSICAL CAUSES THAT INFLUENCE THE CLIMATE AND PUBLIC HEALTH OF INDIA.

BY J. FAYRER, M.D.

LIEUT.-COL. CORBETT, of the Bengal army, has recently published a work "On the Climate and Resources of Upper India," which is of considerable interest, for the opinions therein expressed are the result of much thought and scientific research, though to a certain extent they seem to be rather theoretical than practical. He asserts, and proves inferentially, that the climate and physical conditions of Upper India have undergone material changes during a recent period; that it has become hotter and drier than in former years, and, consequently, the health of the people and the productiveness of the soil have deteriorated; and that these important changes are due, not to natural, but induced causes, resulting from our own erroneous interpretation or perversion of natural laws in their misapplication to agriculture, forestry, and irrigation. He argues that the alleged changes may be ascribed to—1st, increased surface drainage; 2ndly, defective agriculture; 3rdly, denudation of the surface of the country of trees and other vegetation; 4thly, and above all, to artificial irrigation by canals.

With reference to the first, he argues that increased surface drainage exhausts the natural supply of moisture, diverting it from the soil, and either causing it to be carried off to increase the volume of the rivers and render the lower country liable to inundation, or to collect in profitless marshes or jheels (tanks), which prove detrimental to health by impregnating the atmosphere with malaria, and impoverish the soil by diverting the required moisture.

With reference to agriculture, he argues that the land is imperfectly tilled and deprived of manure, but especially of the natural or green manure, for, though the ashes of certain plants and grasses are frequently returned to the soil, the fibrous or organic parts are most generally used for other purposes; that the surface of the soil, instead of being properly broken up and moistened through its capillary attraction for water, is caked and hardened into a dense crust, which checks both radiation and absorption of heat; increases its reflecting and heating properties, adds to the desiccating power of the west winds, and tends to render the ground unproductive or altogether sterile; and that water as now used, in lieu of causing the beneficial results which should accrue from its due and perfect absorption by and penetration into the soil, becomes the source of evil.

With reference to the destruction of trees and vegetation, whereby the natural moisture of the soil and air is impaired, the dry, hot winds are unchecked and untempered, and the heat and dryness increased, he also speaks in strong terms of disapproval.

But the strongest link in the chain of his argument is artificial irrigation, which he maintains is productive of evil, and asserts to be not only needless, but noxious, wherever the natural rainfall exceeds ten inches annually. To quote his own words (pp. 65, 66): "What has irrigation done for the country? It has signally failed to do all that was foretold of it. Famines have been more frequent and more severe since canals were made. Droughts are greater than they previously were. The air of the whole country is more arid and injurious to animal and vegetable life than it formerly was, from the cutting down of forest trees for burning bricks and lime for the canals and other canal purposes, and to clear land for irrigation. A great amount of land has become covered with 'reh,' and is by many persons considered to be permanently sterilised. There is very good reason to fear there is not a single acre of land that has been irrigated by canals for ten years whose produce has not very considerably diminished."

Colonel Corbett admits that for the first two or three years after irrigation has been brought into play it increases the crops, but that it eventually reduces the productive powers of the land, and that not the least evil of its effects is the causation of that peculiar saline efflorescence on the surface of the land called reh (salts of sodium) which sterilises the soil completely. The summing-up of his argument, in fact, seems to show that, instead of doing good by our expenditure on irrigation works, we have been creating and perpetuating an evil; he appeals to facts, and bases his views on observation and experiment.

With regard to increased surface drainage, defective agriculture and the destruction of trees, I think he is scientifically correct, and is borne out by facts.

The denudation of a country of its forest trees and vegetation is well known to have a potent influence in altering both the climate and the soil, not only by depriving both of moisture, and the earth of vegetable matter (humus), but by excessively desiccating both the air and the soil.

That this has gone on, indeed is going on, to a great extent in India, there is little doubt, the demand for wood as fuel and for other purposes being on the increase; and Colonel Corbett might have added the destruction of wood cut to supply the railroads, as well as to other works, with fuel.

There can be, I think, little doubt that if the destruction of trees be not altogether checked the west winds will gradually become hotter and the climate drier than it ever has been. It is often observed how completely the hot west wind of April or May, which blows fiercely, say, at Seetapore in Oude, is tempered to a comparatively cool, gentle, and moist breeze when it comes within the influence of the forest vegetation of the Terai, a few miles further north-east.

With reference to canal irrigation, I would express an opinion with more reserve. Colonel Corbett's arguments are cogent, and his facts appear conclusive; but I should be inclined to attribute some of the evil consequences assigned by him to irrigation rather to an imperfect application of the principle than to the system itself.

There are large areas of country where the heat is great and the natural supply of water by rainfall or river small. Surely the carrying of an artery of water through such districts (if divested of those drawbacks he so well describes as the result of bad cultivation and improper utilisation of the water, and of undue surface drainage) could do only good. Who that has seen the memorial garden at Cawnpore—an oasis of verdure in a comparative desert—could deny to that small conduit of water by which it is watered from the great canal, the merit of fertilising and improving so much of the soil. Surely, what is true on a small

may be so on a large scale. I should like to have further evidence than that adduced by Col. Corbett before I can convince myself that the *principle* of canal irrigation is altogether a mistake, though I quite admit that the present mode of working it may be wrong.

One important inference from his work I would briefly refer to is the light that may be thrown on the etiology of the endemic malarious fever that is now, and has for some years been devastating parts of Lower Bengal; how far, for example, the increased surface drainage in Upper India may have been concerned in causing an overdue supply of water, and consequently a water-logged and malarious state of part of Bengal. It certainly deserves the serious consideration of those who may be deputed to inquire into the causation, origin, and pathology of this disease.

In conclusion, I would remark that this work suggests the expediency of further inquiry; and that, with regard to some of the points raised, interference might be beneficially exercised. With agriculture the Government could best deal by promoting the extension of scientific instruction in that subject, introducing it generally into the Government schools and colleges, and instituting model farms, where experiments might be made on a large scale in reference to agriculture in general and irrigation in particular. On the very important question of vegetation, the forest laws might interfere, not only in preventing destruction, but in furthering the planting, of trees, and in regulating the extent of the areas where their distribution is desirable.

Colonel Corbett's book is a valuable contribution to our knowledge of the physical conditions that influence the climate, the soil, the produce, and the people of India, and, as such, especially in its sanitary bearings on the public health of so many millions of people, it merits the attention of the physician not less than that of the administrator.

TURNING AFTER CRANIOTOMY.

BY S. WORDSWORTH POOLE, M.D. ABERD., L.R.C.S.E.

A CASE like the following is happily uncommon in the practice of a country surgeon, as an experience of above 3000 assures me, and its perusal may afford some useful lessons to those who are not yet perfect in the obstetric art.

On the 10th of April last I was called in to see a very diminutive person in the ninth month of pregnancy, a primipara, and thirty-two years of age. There were present slight pains, and a sanious discharge, but the os was impervious to a catheter, the cervix being small, with merely a depression in its centre. The brim of the pelvis was blocked up by an unyielding bony mass, simulating the fœtal head as it might lie when firmly impacted. The diagnostic difference was this, that it was continuous with the coccyx and sacrum. This discovery led to an examination of the spine, which was found to be deeply incurvated below the loins. The legs were found to be greatly deformed, the tibiæ being enlarged and bowed inwards. Yet the husband was ignorant of the distortion of her figure, and it was not till some days after her death that he told me he remembered that she always took care, when dressing and undressing, to have her limbs concealed from his view.

On the 12th the nurse showed me veritable brain-matter escaping from the os, which, however, was not open enough to admit the point of the forefinger. The pains were still very slight and infrequent; the pulse was good, and the mind cheerful, and so I deemed it prudent not to make incisions and bring on delivery until I saw what could be effected by nature through powerful uterine efforts. These supervened on the 14th, and about six hours after I attended her, and found the os large enough to admit one finger, and just within it was a piece of jagged bone, evidently part of the cranium. The promontory of the sacrum was very close to the pubis, not an inch and a half apart, but the outlet was roomy enough. As the history was clearly that of rickets, not osteomalacia, I could not hope for any yielding of the bones, and anticipated the worst result.

The woman was put under chloroform, and the delivery at once proceeded with. Barnes's bags, so often useful, were here out of the question, as the head would have prevented their insertion, at any rate their retention; so with a hernia knife I made three incisions, and extricated the craniotomy forceps were then fixed, and the crotchet was passed inside the cranium and made fast to a distant point, and by drawing on the two simultaneously the head was pulled down as far as possible, but the scalp constantly gave way, and the bones had to be twisted and removed in fragments, chiefly by the fingers.

After an hour and a half the whole cranium was delivered, and operations were delayed to give both patient and attendants a rest.

As it seemed a very uncertain undertaking to fix a blunt hook in the axilla, and thus drag down the trunk, I passed the left hand, as being the smaller, slowly through the os and brim, and attempted to grasp a foot, employing external version at the same time. Though my hand is small, it was impossible to rotate the wrist, which was painfully gripped between the sacrum and pubis, and a foot could not be seized. I then introduced the right hand and caught one foot, which was drawn through the outlet, and the blunt hook fixed over the opposite groin, after which the delivery was tolerably easy. The state of the fœtus may be judged of from the fact that, on moderate traction on the thighs, the skin gave way and became completely inverted over the feet.

The placenta was firmly adherent, and for a third time the unfortunate creature had to be subjected to the introduction of the hand. She suffered no pain, however, being completely anæsthetised for three hours. The uterus contracted well, and there was not the slightest hæmorrhage. For forty-eight hours after delivery the pulse remained at about 120, and then fell to 100, and the urine kept constantly dribbling away. There seemed some chance of recovery until the fourth day, when tympanites and vomiting set in, and the patient rapidly sank. On examining the vagina there was found a good deal of sloughing.

Though I do not reproach myself for the fatal termination of this case, it is pretty clear that a better chance would have been afforded had the fœtus been turned before extracting the skull; indeed, it seems evident to me that but for one great risk—namely, the giving way of the neck, and consequent leaving the head in the womb, this method would be the best after craniotomy in all cases where version was possible. In the above instance it would have answered, though the risk would have been considerable from the decayed condition of the fœtal muscles and ligaments.

As a country surgeon is not often able to make public his opinions, I take this opportunity of expressing mine on the question of craniotomy *versus* the induction of premature labour, which is always causing some discussion, though I am at a loss to comprehend how any educated man in his right mind can take the side of the former. I conceive my experience of both sufficient to warrant me in stating that the latter is quite as safe for the mother as the former, and that an accoucheur who deliberately neglects to induce labour at or about the seventh month, knowing that the only alternative is perforating the skull, is guilty of infanticide.

It does not very frequently happen that a patient's estimation of the advantages of the operation can be so markedly expressed as in the following case, which was published in THE LANCET some four years ago. A woman having a pelvis two inches and a half in the antero-posterior diameter had been delivered of six still-born children, some by version, some by forceps, some by craniotomy. I induced labour at six months and a half. The child was born alive, and lived for three years. The mother emigrated to America, where she was delivered again at the ninth month of a dead child, to her own great risk, and she is now on her way home to undergo the same proceeding which resulted so happily for her before.

With one other remark I shall conclude. I have found chloroform to be the best if not the only preventive of laceration of the perineum so common in primiparæ over twenty-five, whether the forceps are employed or not.

Sidcup, Kent.

SUCCESSFUL CASES OF

PRIMARY AMPUTATION AT THE UPPER THIRD OF THE THIGH, AFTER RAILWAY INJURIES.

BY PEARSON CRESSWELL, F.R.C.S. ED.,
CHIEF SURGEON TO THE DOWLAIS IRON WORKS.

WITH reference to Prof. Erichsen's remarks on primary amputation of the thigh, in his lecture on Hospitalism, reported in THE LANCET of the 24th of January, I beg to place on record the following successful cases.

CASE 1.—Enoch P——, aged twelve, was run over by some loaded coal-trucks on Jan. 26th, 1871. The right leg from the upper third of the thigh downwards was completely smashed. Amputation at the hip-joint was performed; skin flaps only. Lister's abdominal clamp was employed for restraining the hæmorrhage; the operation was almost bloodless.

CASE 2.—David E—— was, on March 29th, 1871, run over by a locomotive engine, and sustained a compound and comminuted fracture of the lower two-thirds of the left thigh. Amputation at the upper third of the thigh was performed; skin flaps only being made. Lister's clamp was used in this case also. I had the help of one assistant only, and he gave chloroform. The patient, though but sixteen years old, was quite a man, and did the work of an adult.*

CASE 3.—Ruth P——, aged twelve, was run over by some loaded ash trains on April 24th, 1873. The left leg from the middle third of the thigh downwards was completely crushed, necessitating amputation at the upper third of the thigh; skin flaps only. Part of the anterior flap sloughed, but the patient ultimately made an excellent recovery, with a good stump.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

CASES OF OVARIOTOMY.

WE have been compelled to divide the series of cases of ovariotomy performed at the above hospital. The first twelve cases will be found reported in the last volume, the remaining eleven will be completed in this volume. The following is therefore a continuation of the report from p. 835 of the preceding volume.

CASE 13. *Multilocular ovarian tumour; operation; death.*—H. H——, aged fifty, was admitted under Dr. Heywood Smith on Oct. 16th, 1873. She had been married twenty-seven years; had had ten children and three miscarriages, the last pregnancy having occurred ten years ago. The periods ceased when she was forty-five. She had had good health till the last three or four years, during which time she had suffered from pain in the left groin, and thirteen months ago she first noticed a swelling in the left side, which had been increasing ever since.

On her admission, the abdomen was found to be distended by a lobulated tumour, which extended two and a half inches above the umbilicus, the skin for an inch and a half above the umbilicus having a red blush on it. Girth at largest part, thirty-seven inches. There was dulness on percussion over the tumour, and distinct fluctuation; the flanks were resonant and bulging; and the abdominal wall was œdematous everywhere. On examination per vaginam, the uterus was found to be movable and healthy; the uterine sound passed without pain two and a half inches forward and slightly to the right side. On deep pressure into the anterior cul de sac the tumour could be felt; and in the posterior cul de sac and on the left side there was felt a fixed, hard, tender mass. Urine: sp. gr. 1010, acid, clear; no albumen, no deposit.

On Oct. 25th the patient was put under the influence of chloroform, and an incision was made, by Dr. Heywood Smith, through the abdominal wall, which was œdematous. On examining the surface of the tumour, a few recent adhesions, due to acute peritonitis, were found; these were easily broken down, and the trocar inserted into the cyst, but the fluid, which was of a dark-brownish colour and very viscid, could not escape through it. The tumour was drawn forwards with strong forceps, the trocar taken out, the opening into the cyst enlarged, and the other cysts broken up by passing the hand into the cyst and rupturing them, thus allowing a quantity of fluid to escape. The tumour was then withdrawn from the abdomen with some difficulty, on account of its size and because some of its cysts were solid. The pedicle was two inches broad. The clamp was applied, and the tumour, which had arisen in the right ovary, was separated by the actual cautery. The pelvis and the peritoneal cavity was then mopped out with sponges to remove all the fluid that had escaped at the operation. On examining the pelvis the mass in the left side was found to be the left ovary bound down by adhesions. On removing the clamp, there was a little oozing of blood, which was stopped by the actual cautery, and the pedicle dropped into the abdomen. The wound was brought together with silk sutures, and dressed with protective and lac plaster, strapping applied, cotton-wool above the strapping, and a bandage over all. The tumour weighed five pounds and a half, and the quantity of measured fluid was nine pints and a half.

The patient did not do very well for the first five days, suffering a good deal from sickness and pain in the abdomen. She took nourishment well at times, and had injections of beef-tea and brandy, which were retained. The stitches were removed on the 30th; the wound was well united, and looked healthy; the bowels were opened the same day, and she had a decidedly better expression, and was better for the next two days, when distension of the abdomen, with sickness, vomiting of greenish matter, which was at times offensive, and diarrhœa, supervened. From these she never rallied, not being able to take anything by the mouth, and towards the end not retaining the injections. She died on Nov. 8th at 11.30 P.M., fourteen days after the operation.

On Oct. 25th, the day of operation, at 4.30 P.M., the temperature was 101·2° F., the pulse 108; at 7.30 and 9 P.M., temperature 101°, pulse 108. On the 26th, at 9.30 A.M., temperature 102·4°; at 3 P.M. 102°; at 10 P.M. 101°, the pulse varying from 84 to 108. The temperature did not rise so high again till the 29th, 30th, and 31st, when it again rose to 101, the pulse varying from 84 to 108, and very weak. From this time to her death the temperature never rose to 100°; and the pulse, very weak, ranging from 102 to 140 the day of her death.

Necropsy, fifteen and a half hours after death.—Intestines distended and slightly glued together, and covered with patches of grey lymph. On drawing up the intestines they gave way from feebleness. Pedicle adherent to a portion of bowel and to abdominal wall about the middle of Poupart's ligament. Round about was evidence of a low form of inflammatory action; behind the uterus was the tumour felt during the operation, which was found to be a dermoid cyst of the other ovary.—Bladder somewhat distended.—Liver congested.—Left kidney: Pelvis dilated to the size of a turkey's egg, and encroaching greatly on renal structure.—Right kidney: Slight tendency to the same state, otherwise healthy.—Heart and lungs apparently normal.

CASE 14. *Ovarian tumour; operation; recovery.*—A. W——, aged twenty-three, was admitted under Dr. Alfred Meadows on October 14th, 1873. She married when seventeen years of age, and has not had a child, but had one miscarriage three years after her marriage. The periods commenced at eleven years of age, had always been painful for the first three days, the pain being chiefly felt in the left groin. Each period lasted generally eight days. Her general health had always been good. She first noticed the swelling in the left side of the abdomen eighteen months

* Mr. Cresswell has forwarded photographs of the first two cases. Good stumps are depicted.

before admission, but she could feel no distinct tumour till about four months ago, which got larger at her periods, and the latter have been ever since less profuse.

On admission the abdomen was found enlarged, and a tumour, tense, elastic, but not distinctly fluctuating, dull on percussion, was felt reaching nearly up to the ensiform cartilage. Per vaginam the cervix was felt far back in the hollow of the sacrum, movable and normal; no tumour was to be felt anywhere in the pelvis; the uterine sound passed three inches and a quarter along the curve of the sacrum, and pressure on the tumour in the abdomen only indirectly affected the sound.

The operation was performed by Dr. Meadows on Nov. 1st. On opening the peritoneum the cyst was found, as diagnosed, to be multilocular. Some of the cysts contained a clear straw-coloured fluid, others a brownish, grumous fluid, and in the more solid parts the cysts were filled with gelatinous matter. The incision in the abdominal wall was lengthened by one inch, and the cyst was withdrawn. The clamp was then applied to the pedicle, and the tumour cut away. The stump of the pedicle was carefully cauterised, and the abdomen thoroughly sponged out, to remove some fluid which had escaped into the cavity of the peritoneum. The clamp was then loosened slowly, but, as the pedicle began to bleed immediately, the clamp was again tightened, and the pedicle transfixed and tied with whipcord, and dropped into the abdomen. The wound was then brought together with six silk sutures, dressed with lint soaked in carbolised oil, covered with oil silk, and thoroughly supported with broad strips of plaster; cotton wool and an abdominal belt were placed over all.

The patient was sick the first two days after the operation, and suffered from much pain at times in the abdomen, which was always relieved by a morphia injection. She was much better on the third day, her temperature keeping nearly normal, it only being twice elevated. On the second day it was as high as 100·2° F., but did not rise to 100° F. afterwards. On the fifth day after the operation she had some chicken for dinner. On the seventh day the sutures were removed, the wound being found thoroughly united. The bowels were relieved by a simple injection. A period came on the same day, and was quite normal, and on the 24th of November she felt so much better that she was allowed to leave the hospital, feeling well and fairly strong, the twenty-fourth day after the operation.

LONDON HOSPITAL.

DISSECTION OF TWO CASES OF RECENT DISLOCATION OF FEMUR.

(Under the care of Mr. JEREMIAH M'CARTHY.)

FOR the notes of these interesting cases we are indebted to the post-mortem clerk, Mr. Boase.

CASE 1.—A. B—— was admitted in a dying condition, having sustained several very severe injuries, among which was a dislocation of the right femur on to the dorsum of the ilium. As the man was dying, no attempt was made to reduce it.

On the following day the part was dissected by Mr. M'Carthy. The customary deformity was well marked. The skin and fascia having been reflected, and the gluteus maximus muscle divided at the junction of the inner third with the outer two-thirds, it was seen that the deeper fibres of that muscle had been extensively lacerated by the head of the femur, which was now visible, with its anterior part lying on the brim of the acetabulum, with the lowermost fibres of the gluteus minimus interposed, and the dimple for the ligamentum teres directed backwards and inwards. The posterior fibres of the gluteus medius were also torn, and the pyriformis, obturator internus, and gemelli muscles had been completely torn away from their pelvic attachments, and were lying loosely on the neck of the femur. The quadratus femoris muscle was uninjured. The capsule of the joint had given way posteriorly; in front and above it was perfect. The ligamentum teres had some fibres ruptured, but still withstood all attempts to tear it across. The ilio-femoral and pubio-femoral bands were also uninjured, notwithstanding that the acetabulum had separated into its three component parts, the fracture also traversing the ilio-pectineal eminence. The lowermost fibres of the obliquus externus, and some fibres of the sartorius, psoas magnus, and iliacus internus muscles were also ruptured.

CASE 2.—C. D—— was admitted with dislocation of the right femur on to the dorsum of the ilium, compound fracture of the left humerus, fractured ribs, and other injuries. The dislocation was reduced by manipulation by Mr. Shapley, the house-surgeon on duty. During the manipulation the head of the bone slipped into the obturator foramen, and from thence passed readily into the acetabulum. The man died in a few hours.

On the following day the part was dissected by Mr. M'Carthy. There was no external evidence of injury. On removing the gluteus maximus muscle, the bursa between it and the vastus externus was seen to be ruptured and filled with blood. The sheath of the great sciatic nerve was also distended with blood, and the nerve-fibres separated from one another. The posterior fibres of the gluteus minimus muscle were torn across, and the cellular tissue beneath that muscle filled with blood. The quadratus femoris muscle was torn completely in two, and the uppermost fibres of the adductor magnus, and some fibres of the gemelli and obturator internus muscles were lacerated. The capsule was perfect in front and above, but torn at the most posterior part. The ligamentum teres had been torn off close to the femoral attachment.

QUEEN'S HOSPITAL, BIRMINGHAM.

THE following cases, for the notes of which we are indebted to Dr. McBride, house-surgeon, which are at the present time in the hospital, or have recently been discharged, clearly show that provincial surgeons are not at all behind their metropolitan *confrères* in promoting the art of surgery. In fact, judging from the valuable clinical records which we receive from the country, it is to be regretted that surgeons and physicians attached to provincial hospitals do not more frequently publish the notes of the interesting cases which come under their care in hospital practice.

RESECTION OF ELBOW-JOINT.

(Under the care of Mr. WEST.)

Charles J——, aged thirty-nine, single, band sawyer, was admitted 11th May with disease of the elbow-joint. About six or seven years ago an abscess formed on the posterior surface of left elbow-joint, and burst about one year after its formation. About two years thereafter other abscesses formed in the neighbourhood of the elbow-joint, all of which discharged freely, and closed up again. The pain in the joint continued throughout, but the patient kept at work until about three weeks ago, when he felt that he could not lift his arm to his head, but had to carry it straight. The slightest attempt at flexion caused pain. There was no syphilitic history nor any of injury to the elbow.

The elbow-joint was resected by a T-shaped incision on the 16th May, when the condyles of the humerus, and the heads of radius and ulna, which were extensively necrosed, were removed. The patient has done well, and has gained weight and strength. Flexion of the elbow is used daily.

STRANGULATED INGUINAL HERNIA.

(Under the care of Mr. GAMGEE.)

THOS. F—— was admitted on the evening of the 16th of April, complaining of great pain in the right inguinal region. It appeared that during an attack of coughing the bowel came down, and he felt that he could not replace it. A medical man was sent for, who tried the taxis on three different occasions, but failed. Patient then came to the hospital, twenty-four hours after the accident happened. He had a pinched expression; the eyes somewhat sunken. Taxis was tried under chloroform, but without benefit.

Mr. Gamgee performed the extra-peritoneal operation, and the patient left the hospital six days after admission, quite well, the external wound having healed up.

VARICOCELE TREATED BY THE ELASTIC LIGATURE.

(Under the care of Mr. WEST.)

John L——, aged twenty-two, was admitted on May 3rd, having a varicocele of some weeks' duration. On the 9th the vein was ligatured with an elastic ligature by Mr.

West. On the 14th the ligature had cut its way nearly out, and was then removed. The patient was discharged well on May 27th, the vein being obliterated by a firm clot, but no suppuration taking place during the progress of the case.

The elastic ligature has also been used in two cases of nævus by Mr. West and Mr. Wilders. In both cases the ligature came away on the fifth day, leaving a healthy granulating sore, and the children have been completely cured of the deformity caused by the nævi.

STRICTURE OF RECTUM; COLOTOMY.

(Under the care of Mr. JORDAN.)

Mr. Jordan at the end of April performed Amussat's operation in a case of obstruction of the rectum from cicatrisation following extensive ulceration. The patient has made a most complete recovery. In a case of epithelioma of the anus and rectum, in which both ischio-rectal fossæ were filled with large indurated masses, the same gentleman removed about two inches of the lower end of the gut by means of two semilunar incisions commencing at the posterior wall of the vagina, passing close to the tubera ischii of either side, and meeting posteriorly behind the coccyx. The whole of the indurated mass was in that way removed. The extensive wound thus produced was much diminished by approximating its sides anteriorly and posteriorly by means of sutures. The gut was drawn down and loosely stitched to the margins of the opening. The patient is doing well.

ST. ANN'S PAROCHIAL HOSPITAL, JAMAICA.

STRANGULATED SCROTAL HERNIA; OPERATION; RECOVERY.

(Under the care of Mr. GEORGE COOPER SANDERS.)

ON August 30th, 1873, a slightly-built negro, named Prince Lewis, of medium height, aged thirty, applied at the out-patient department for the purpose of having a large hydrocele tapped. On examination, a large amount of constitutional disturbance was found; face haggard; expression anxious; tongue brown, and rather dry; pulse 136; bowels not opened for seven days; frequent vomiting, but this not stercoraceous; patient said he had no rupture, and had been tapped for hydrocele before. A careful examination was at once made of the scrotum, and it was believed a hernia could be detected at the upper part, but no impulse was given on coughing. The hydrocele was then carefully tapped, and when the serum was drawn off the hernia could be plainly distinguished. The patient was immediately placed in a warm bath, and taxis applied, but without success. Other tentatives were also unsuccessful. The diet ordered was fever diet, with one pint of milk, one pint of beef-tea, one egg, and four ounces of brandy.

Sept. 3rd.—The patient has been much the same since last note, complaining of great pain and continual vomiting, nothing having any effect on the hernia. The patient was now placed under chloroform, and a last, ineffectual, effort made to reduce by taxis. The usual operation was, therefore, performed, the superficial epigastric artery being tied during operation. On opening the sac, a large knuckle of highly-congested gut was discovered, the congestion being greater in some parts than in others. The strangulation was found at the external ring, and was divided directly upwards to the extent of one-eighth of an inch. This, however, was not sufficient to allow of reduction, so the stricture was divided more freely, when the gut easily passed back into the abdomen. The wound was closed in the usual manner, and a pad and bandage applied. Ordered one grain of opium every four hours.

4th.—Passed a rather restless night. This morning he says the pain is much less; feels as if he could defecate; has micturated freely since operation; no vomiting. Pulse 120, weak. Milk to be increased to a quart daily.

5th.—Pulse 80, thread-like; skin cool. Passes flatus now and again. Slept well last night. Wound healthy. Increase brandy to 6 oz.

6th.—Tongue cleaning at tip and edges. Patient says that he feels much better. Little or no pain on pressure over abdomen; bowels not open. Ordered an enema consisting of one ounce of castor oil, fifteen drops of tincture of opium, and eight ounces of warm water.

7th.—Bowels well open; is much relieved by evacuation. To have 1 lb. of chicken daily, and 6 oz. of bread.

11th.—Wound healing; there is a little burrowing of pus, which is checked by a pad and bandage. Patient is rapidly improving in weight. To have ordinary diet, with 6 oz. of brandy.

From this date the wound healed rapidly; patient was allowed to get up, and on the 20th September he was discharged recovered.

Reviews and Notices of Books.

A Treatise on the Diseases of the Ear. By Dr. D. B. ST. JOHN ROOSA, Professor of Diseases of the Eye and Ear in the University City of New York, &c. Illustrated with wood engravings and chromo-lithographs. pp. 535. New York: William Wood and Co. 1873.

A Clinical Manual of the Diseases of the Ear. By LAWRENCE TURNBULL, M.D., Physician to the Department of Diseases of the Eye and Ear of Howard Hospital of Philadelphia, &c. With a coloured lithographic plate, and over one hundred illustrations on wood. pp. 486. Philadelphia: J. B. Lippincott and Co. London: Trübner and Co. 1872.

Lectures on Aural Catarrh. By the late PETER ALLEN, M.D., Aural Surgeon to, and Lecturer on Aural Surgery at, St. Mary's Hospital. Second Edition, Revised and Enlarged. pp. 383. London: J. and A. Churchill. 1874.

Lectures on Diseases and Injuries of the Ear. By W. B. DALBY, F.R.C.S., Aural Surgeon to St. George's Hospital. With illustrations. pp. 221. London: J. and A. Churchill. 1873.

The Causes and Treatment of Deafness. With illustrations. By JAMES KEENE, F.R.C.S., Assistant-Surgeon to the Central London Ophthalmic Hospital. pp. 180. London: Robert Hardwicke. 1873.

Deafness and Diseases of the Ear. With illustrations. By J. P. PENNEFATHER, L.K.Q.C.P., &c., Surgeon to the Royal Dispensary for Ear Diseases. pp. 172. London: Baillière, Tindall, and Cox. 1873.

The Questions of Aural Surgery. By JAMES HINTON, Aural Surgeon to Guy's Hospital. pp. 304. London: Henry S. King and Co. 1874.

Atlas of the Membrana Tympani, with Descriptive Text; being Illustrations of Diseases of the Ear. By JAMES HINTON. 125 drawings, coloured by hand. London: Henry S. King and Co. 1874.

[FIRST NOTICE.]

THERE is perhaps no department of medicine and surgery more available to physical methods of examination and of treatment than that of otology, and yet none has been more generally neglected. Formerly entrusted for the most part to the care of advertising quacks, who possessed neither anatomical knowledge nor surgical acumen, diseases of the ear were rarely deemed worthy the attention of the legitimate practitioner. Partly from the inherent difficulty of the subject, and partly from the want of accurate information concerning the morbid changes which occur in the various parts of the auditory apparatus, especially in the tympanic cavity, a very general belief seems to have gained possession of the professional mind that non-interference was, as a rule, the best and safest course to be pursued in the treatment of diseases of the ear. Happily, however, such a state of things is rapidly becoming extinct. The labours of the few who have really devoted themselves to the study of the anatomy, the physiology, and the pathology of the ear are even now beginning to bear the wholesome fruit of a rational and scientific method of treatment. The importance of early treatment in aural affections is more and more appreciated by the profession and the public, but few beyond those who have had personal experience are prepared to acknowledge the value of well-directed and persistent efforts in diseases of long standing. This prejudicial

opinion of the uselessness of treatment in chronic aural affections is, we think, entirely controverted by some of the careful clinical observers whose records are before us.

It will, of course, be impossible to do full justice to the works which we propose to review in the necessarily small space which is at our disposal. We shall, however, endeavour to point out a few of the more recent developments of this department of medicine and surgery. Perhaps the greatest achievements of modern otology are, inflation of the tympanic cavity through the Eustachian tube as a means of diagnosis and of treatment, the increased tendency to treat diseases by local measures, the realisation that the so-called polypus of the ear arises most frequently from the lining membrane of the tympanum, and the use of the tuning-fork as an aid to diagnosis. We are aware that many will and do demur to this estimation, but those who have full experience in all the details of these subjects will, we think, grant that on these four things modern otology may found its claim to attention and respect. If space allowed, we might easily enlarge on the benefits which have been wrought by the practical application of these facts, but we must leave the reader to examine for himself one or more of the better works before us.

Having briefly glanced at what may be called some of the more general characters of the subject dealt with in the works before us, we may proceed to notice the books themselves. At the outset it may be remarked that the title which each author has adopted for his book varies, not only in name, but in significance. While Dr. Roosa claims to have brought out a treatise on diseases of the ear, and Dr. Turnbull to have written a clinical manual on diseases of the ear, Dr. Allen has confined himself to diseases of the middle ear, Mr. Dalby has been contented to give a few lectures on diseases and injuries of the ear, and Mr. Hinton has reserved for himself the consideration of some of the questions of aural surgery; but Mr. Keene and Mr. Pennefather have attempted the solution of the more intricate problems concerning the causes and treatment of deafness. It must not, however, be imagined because the two last-named authors have adopted the more ambitious title for their works that they have confined themselves entirely to it, or that they have accomplished more than the other writers who speak of deafness only so far as it is a symptom of disease in one or other portion of the auditory apparatus.

Dr. Roosa's treatise is a work of considerable size and pretensions, and is worthy of commendation. The history and bibliography of otology are comprehensive and tolerably accurate, and the details on the anatomy and pathology of the ear include the latest researches. The work is copiously illustrated, and the description of the disease and the directions for treatment are given in a clear and concise manner. At the end of the work is a plate of carefully executed chromo-lithographs, illustrating the healthy and some of the morbid appearances of the membrana tympani. Altogether, the work is, perhaps, the best of its kind that has yet been published. It is, however, with some degree of surprise that we find that, though Dr. Roosa acknowledges the utility of the "diagnostic tube" in some cases, he does not attach much importance to its general use in the diagnosis of the diseases of the middle ear, on the ground that it is almost impossible to differentiate between the sounds produced in the Eustachian tube and those caused by morbid conditions of the tympanic cavity. The author makes out a better case when he combats the common professional error that a forced expiration made by a patient with the mouth and nostrils closed is an easier and surer method of detecting perforation of the membrane than ocular inspection. He even goes further, and says "it is almost a useless and not an entirely safe method." In this work there is a very complete article on Vascular Tumour of the Ear, which is deserving of the earnest attention of those interested in the treatment of the insane, and which may be read with profit by the medical jurist. Dr. Roosa affirms that there are two forms of the disease, one idiopathic and almost peculiar to the insane, and which may occur independently of an injury, and the other traumatic, which may show itself even in healthy persons as the result of a blow on the auricle. Dr. Roosa, in common with the other authors, commits the error of attributing to the late Mr. Toynbee the credit of being the first to show, in 1851, that the faucial orifice of the Eustachian tube is controlled by the palate muscles, whereas Mr. Wharton Jones, in his excellent article on the Ear in "Costello's Cyclopædia of Surgery," Part IX., published in 1841, had already definitely stated that the Eustachian tube was not patent, as had hitherto been supposed, but that its sides are in gentle apposition, and that the faucial orifice may readily be opened "by the breath and by action of the surrounding peristaphyline muscles." It is to be regretted that even Mr. Toynbee, in a discussion many years after at the Medico-Chirurgical Society, was not sufficiently careful to yield to Mr. Jones the indisputable priority.

Although Dr. Turnbull's manual is of nearly the same size as the above work, it is of a somewhat different character, inasmuch as it is more of a compilation. The work abounds with long and frequent quotations and extracts from the writings of other authors, and, although the authorities are of the highest order, it must be confessed that it would have been more satisfactory to us and to students to have had more of the actual opinions of so experienced and competent an observer as Dr. Turnbull. This is the more desirable as the work presumes to be of a clinical character, and is intended therefore for students who require definite statements, rather than the mere enunciation of conflicting opinions. As an illustration of the confusion which arises from quoting authorities without furnishing an explanation of their differences, we may take the contradictory modes of treatment proposed for chronic suppuration of the middle ear. At p. 171 it is recommended to use a warm-water douche to wash out the ear, and to keep open the perforation in the membrana tympani, in order, as asserted at p. 182, "to allow of the escape of the matter, which, if retained, might decompose and exert a most injurious influence." But at p. 290 it is said, "Syringing, as a general rule, should be forbidden. The danger from syringing is the liability of increasing the size of the perforation." This would have been very unsatisfactory if the author, in the "*résumé* of the simplest and most effectual method of treating the more frequent affections of the ear" at the end of his work, had not stated, at p. 446, that in perforation of the membrane the parts are to be "cleansed with tepid water." We may here observe that the *résumé* is very good, clear, and practical, and is free from the faults of which we complain in the systematic portions of the work. A copious Appendix is added, containing the bibliography of the more important articles on the ear and its diseases published since 1683 to 1871, and a separate list is given of the works which have been consulted in preparing the manual. The printing and the illustrations are good, and the book is altogether well got up.

Of the second edition of the late Dr. Allen's work we cannot speak without expressing our heartfelt sorrow at the premature death of the excellent author. This gentleman had already completed the revision of the eleventh chapter of his book, and had prepared much new material for the twelfth and last chapter, when he was so lamentably cut off. Although, therefore, this edition is posthumous, it was in reality completed during the author's lifetime.

The general merits of the work are already well known, and have been widely appreciated, as is evidenced by the fact that although it deals only with affections of the middle ear, and is not therefore a complete treatise on aural diseases, it ran through a large edition in about two years. The second edition has been increased by more than one hundred pages. But even this does not fully represent the actual amount of new material, for many new sections have been added to the old text, and some of the old material has been rewritten and cut down. The following are some of the novelties of the new edition:—The inaccurate and misleading word "otoscope" has been replaced by the term "psophemeter," a measurer of inarticulate sounds. But although this word is more correct than the old one, it is not very euphonious, and for simplicity certainly does not equal the term "diagnostic tube." At page 95, an engraving is given of the author's modification of Politzer's bag and tubes, in which two perforated air-cushion pads pressed against the anterior nares are substituted for the tube which is passed into the nostril in the original instrument. Although this modification possesses several of the advantages claimed for it by Dr. Allen, such as cleanliness and facility of application, it is not so effectual as the ordinary instrument, and will, indeed, often fail to open up a firmly closed Eustachian tube. It appears to answer best in children, for whom, and for slight cases of obstruction, it should be reserved. The eleventh chapter is the best and the most original. It bears abundant evidence of thorough revision, and is very considerably enlarged by the addition of a long table of cases and of much new matter. It moreover contains an able and energetic protest against the indiscriminate adoption of paracentesis of the membrana tympani in aural catarrh. On that part of aural diseases of which it treats it is one of the best works with which we are acquainted.

With the merits of Mr. Dalby's book our readers are already familiar, the substance of the work having appeared as lectures in our columns. We may, however, remark that the chapters have been extended, and the subject is more minutely dealt with than was possible in the columns of a journal. Mr. Dalby is evidently a great admirer of the Germans and Germanic methods, and adopts almost exclusively a mechanical mode of treatment. The chapter on Polypus of the Ear is well written, and is illustrated by very excellent wood engravings. But perhaps the best and most original chapter in the work is the one on Deaf-mutism, in which the author enters fully into the discussion of all the causes which lead to this condition, and ably and energetically advocates the claims of labial instruction of deaf mutes as opposed to digital instruction. The book is an admirable one for students, and reflects great credit on its author.

The Ship-Captain's Medical Guide. Compiled by Harry Leach, M.R.C.P., Medical Officer of Health for the Port of London, late Senior Medical Officer, *Dreadnought* Seamen's Hospital. Sixth Edition. London: Simpkin, Marshall, and Co., Stationer's Hall-court. 1874.

We have so often the pleasure of noticing a new edition of this practical little Guide that it becomes at once difficult and unnecessary to say more than that it keeps pace with the progress of both medicine and legislation so far as they concern the preservation of life and health at sea. This edition—the sixth—has been rewritten in accordance with the revised scale of medicines lately published by the Board of Trade, a copy of which scale will be found at page 75. It contains a useful chapter on fumigation, disinfection, and ventilation; also one on the Public Health Act as it relates to port sanitary authorities, to whom we look so trustfully nowadays to intercept and isolate cases of imported disease. The therapeutics enjoined are sensible, and such as will suit and commend themselves to sailors. The author, wisely, in his general remarks, gives them a much-needed hint not to do too much. "It is now a duty to tell the reader," he says, "that the following pages are written with the object of showing not only what to *do* in cases of accident and sickness, but what to *avoid*." The book is admirably adapted to its purpose.

HEALTH OF THE NAVY.

The official Report on the Health of the Navy in 1872 has been compiled as usual with great care and precision by Dr. Alexander E. Mackay, Deputy Inspector-General, and contains, as we remarked a fortnight ago, many valuable and noteworthy facts in connexion with the sanitary condition of seamen.

The total force in service afloat during the year under consideration consisted of 46,830 men, and 54,697 cases of disease and injury were entered on the sick lists, or a ratio of 1170·9 per 1000 of force, representing a reduction, as compared with 1871, equal to 40 per 1000 of force. A total of 1609 persons were invalided, and 385 deaths occurred, showing a comparative increase as to the former equal to 2·3 per 1000, and a reduction as to the latter amounting to 8·2 per 1000 of force. Of the 2867 of febrile diseases, there were 89 of small-pox, 62 of which occurred on the Home station, 86 of vaccinia, 81 of measles, and 27 of scarlet fever, the majority of all of which latter also occurred on the Home station; 44 of dengue, 41 of which occurred off China and the East Indies; 48 cases of enteric fever (20 of which were on the Home station); one only of yellow fever; 7 of "malignant," and 18 of "simple," cholera, all of which appeared on the East Indies station; 101 of mumps, and 98 of erysipelas. General diseases show a list consisting of 2835 cases of rheumatism (or a comparative reduction of 3·9 per 1000), and 2315 of primary syphilis, a comparative increase almost wholly due to the great spread of the disease in Japan, the Yoshiwara and Lock Hospital at Yokohama being temporarily closed, and to the fact that the Contagious Diseases Act was repealed at the Cape. On the Home station there was also an increase, consequent upon the importation of the disease into the seaports from districts unprotected by the Act. Scurvy, as usual, hardly exists, for 4 cases only are reported, 2 having occurred in the same individual. In the third group, epilepsy and diseases of the eye were, as formerly, the most fruitful source of invaliding; and in the fourth, functional and organic diseases of the heart caused much loss to the service. The cases recorded under Classes 5, 6, and 7, do not invite special attention, and in Class 8 we find 105 cases of dysentery, 9 of which were fatal. Diseases of the urinary and generative systems contributed 3724, the organs of locomotion 216, the cellular tissues and cutaneous systems 12,902, unclassed diseases 785; and there are 90 of poisoning, of which last class are 61 cases of delirium tremens, 7 of which were fatal. Wounds, injuries, and drowning, make up a list of 11,659 cases, and there were also 9 suicidal deaths.

In commenting on the above very matter-of-fact statistical summary, it is hardly necessary to call attention to several important and valuable deductions. The history of nearly all the cases of small-pox, measles, and enteric fever that occurred on the Home station is clearly set forth in the report. The increase of syphilis on the China and Home stations is plainly due to specific and well-ascertained causes, as well as the continued immunity from scurvy and the gradual decrease of dysentery, and also, in a marked degree, the mortality resulting therefrom.

The Naval Medical Service is one of the few departments that has a vast amount of well-tabulated statistics at its disposal to aid materially the progress of preventive medicine and public health. These statistics, cosmopolitan as to area, climate, and most other conditions that influence the duration of life and the march of disease, are invaluable for the purpose of proving or disproving much that is urged for and against certain lines of action that may be officially adopted in this country for the prevention of sickness and for maintaining the health of the community, both ashore and afloat.

THE LANCET.

LONDON: SATURDAY, JULY 4, 1874.

AFTER all, we are disposed to think that the meeting of the General Medical Council, which is to begin on Thursday next, will be one of more than usual interest. We shall, it is true, miss some of the members who have most ably and conspicuously figured in the past discussions of the Medical Council, particularly Sir ROBERT CHRISTISON and Dr. ALEXANDER WOOD. In some respects their place could scarcely be so well filled as it was by them. For all the qualities that make a refined and authoritative speaker in an assembly of scientific men, there are few that would not come off second in a comparison with Sir ROBERT CHRISTISON; and for ready vehement eloquence, especially under attack, it is doubtful whether Dr. ALEXANDER WOOD has an equal in Edinburgh. He had none in the Medical Council, where, as the representative of the College of Physicians of Edinburgh, he had frequent opportunities of displaying qualities which at the Bar might have conducted him even to a higher distinction than that which he has achieved in Medicine. We must, too, be prepared to miss Mr. HARGRAVE'S venerable head and kindly Irish face at the Council Board. But he never made any heavy demand on our reporters, and was always amenable to the authority of the chair. As we have intimated, the very President will be lost to the Council on this occasion, unless he shall be re-elected, which we sincerely hope will be the case, at least for the purposes of the coming meeting. We do not like parting with old friends, especially those who have done great work in the history of the Council. But we must submit to the inevitable, and be thankful that such a goodly troop of successors is likely to be forthcoming. Institutions will not suffer injustice which are to be represented by Professor TURNER, Dr. RUTHERFORD HALDANE, and Dr. RAWDON MACNAMARA; and we may feel assured that the interests of the Crown will not suffer at the hands of Dr. WARBURTON BEGBIE.

It is evident that the two great questions of interest for discussion will be that of the Conjoint Board Schemes and the Reports of the Visitors of Examinations. The Conjoint Board Schemes have been a fruitful theme of discussion for years past. Legislation has been averted by the undertaking on the part of the Council to bring about, spontaneously, a conjunction of the examining authorities in the respective divisions of the kingdom. Last year it became apparent to most people that this undertaking would never be realised, and that nothing short of the strong hand of the law, as Dr. ANDREW WOOD said, would compel bodies, whose views and interests were so diverse, to combine. This year all sensible people must confess that the attempt has completely failed, and that the time has come for candidly confessing failure. In Scotland this confession was made a year ago, and found expression in the Council. In Ireland the failure is only less complete than in Scotland. The Queen's University declines to be a party to Conjoint Schemes; and the College of Surgeons of Ireland has been compelled, by the opposition of a large number of its own Fellows, to reconsider its original decision and to halt. Even in England there seems no immediate prospect of agreement and the realisation of a practical scheme. One great obstacle hitherto has been the legal incapacity of the Apothecaries' Hall to join in the scheme. This difficulty is likely to be removed by Act of Parliament. But such is the imperfection of the Bill now before Parliament that the Society will, after it has passed, still be unable to refuse its licence to any applicant who may not have passed the Conjoint Examination in Medicine and Surgery, which some hopeful people expect to be conducted some day by the English licensing bodies. That is to say, while it will enable the Society to enter the Conjoint Scheme, it will not empower it to withhold its licence from any applicant who can pass its examination. And as the possession of the licence admits to the Register, it will follow that we may still have perpetuated a race of medical men qualified in Medicine only. There are in the Register at present about 500 names with the English L.S.A. qualification alone, and about 150 with the corresponding Irish licence. We may well believe that the English Society, at least, will do a more "thriving trade" than ever, when men may choose between passing the Conjoint Board and passing the examination of the Apothecaries' Company as ways to get on the Register—the one course costing six guineas, the other thirty. If the Irish Apothecaries' Society should not seek the power to refuse its qualification excepting to those who have passed a Conjoint Board in Ireland, even supposing such a Board established, it will be possible, at a cost of ten shillings, to get a qualification that will admit to the Register. These are a few illustrations of the present position of the Conjoint Schemes, and it seems to us that the time has passed when the practicability of schemes of voluntary combination can be further discussed without loss of character and dignity by the Council.

We must repress all curiosity as to the criticisms of the visitors of the examinations; but we confess to not a little, and shall hope to find the election of visitors from outside the Council, which we have long advocated, justified by the value of the reports which they have made.

THE meeting of the International Congress for the Prevention of Cruelty to Animals which has recently been held in London has endeavoured to perform good and efficient work, and has left, we doubt not, its mark as an event of the current year. The Congress was composed of delegates from various societies of different countries—from England, America, Germany, Switzerland, Italy, Belgium, Austria, Spain, Russia, Canada, and Algeria,—the number of delegates nominated amounting to over one hundred and fifty. Amongst these were several members of our own profession. The Congress held its meetings in the rooms of the Society of Arts, the Earl of HARROWBY, President of the English Society, presiding. The proceedings were carried on for a week, and were so conducted that all who were present, and who were conversant either with the English, French, or German languages, could take part in the debate, three

secretarial delegates acting as interpreters of the languages named.

The subjects discussed by the Congress were numerous. Two of these, one on the most painless methods for destroying animals, and another on experiments upon animals, or, as it was called at the Congress, "On Vivisection," were of interest to ourselves. The debate on the subject first named formed the opening business.

Dr. RICHARDSON was selected to lead off with an essay, in which he advocated the process of killing animals during anæsthetic sleep. He discussed the various modes by which life could be taken from the inferior animals with the least suffering to them, and detailed his own experiments on the electrical shock and the inhalation of different narcotic vapours or gases, specially mentioning under the latter head chloroform combined with coal-gas, methylene bichloride, bisulphide of carbon, and carbonic oxide. His experiments led him to the conclusion that carbonic oxide was the least objectionable, most effective, and most economical of the narcotising agents that could be employed for the purpose under consideration; but in order to determine the point definitely a series of experiments on a larger scale was required. A description of the apparatus necessary for a model abattoir was detailed, and the practicability of killing painlessly every animal that is ordinarily used for food was affirmed. The author added, at the conclusion of his paper, that, with the advance of physiological chemistry, the time would arrive when the laboratory would produce such perfect representations of animal foods for human sustenance that the killing of animals for food would probably cease altogether amongst civilised peoples. Mr. MATHIESEN, of Glasgow, in a second paper, commented on the faults of the present systems of killing, and moved a resolution, which was carried, for an inquiry into the subject by Royal Commission. Dr. SONDERMANN, delegate for Darmstadt, insisted that the best mode of producing insensibility before killing an animal was by concussion of the brain, and that bleeding was the best after-process. He recommended BRUNEAU'S apparatus for this purpose. This apparatus, which was before the meeting, consists of a punch fixed into a head-piece armed with blinkers for covering the eyes of the animal: the head-piece is so placed that the point of the punch rests over the part of the skull that has to be penetrated; the slaughterer strikes the punch with a mallet, and so penetrates into the brain, after which he pushes a cane into the spinal marrow. Dr. SONDERMANN stated that a congress of seventy-six Bavarian veterinary surgeons had unanimously admitted that this was the most satisfactory mode of killing an animal. Ultimately, a resolution was carried to the effect that the best mode of painless killing was by concussion or shattering of the brain. This resolution, from the way in which it was worded, was, we venture to think, unfortunate. In the way it stands it is made applicable to all animals, as if all could be killed by a blow on the head with equal facility. We know that such a view is wrong; and we suspect that, when the next prosecution is attempted on men who spend a long time in endeavouring to kill some of the domestic animals—cats for example—by "shattering" the brain, this resolution of the Congress will be used by the defence with telling effect. The Jewish mode of slaughtering animals by slow bleeding was generally condemned by the Congress.

The second great subject for discussion—Vivisection—created, as might have been expected, deep interest. A letter from Her Majesty the QUEEN, addressed to Lord HARROWBY, and reflecting on the subject, was a striking prelude to the debate; and another letter from the Baroness BURDETT COUTTS added to the effect. The Congress dealt with the question, on the whole, with moderation. Those who advocated the necessity of experimentation on inferior animals were heard with marked respect; and the prevailing feeling, when both sides had been heard, was against the abuse, not the use, of experimental inquiry. We have printed in another place Dr. RICHARDSON'S speech on the question; and we ought to add that Dr. MOUAT also defended the profession of Medicine from the unfair attacks that have been made upon it. Both the speakers named stood forward as supporters of experimentation on broad and simple principles; they made no comparisons of other forms of cruelty to animals, but declared the necessity of properly conducted experiment for the advance of those researches which have for their object the relief of human suffering and the saving of human life. In the end, the following resolution, moved by Mr. HUTTON, was carried: "That painful experiments on living animals, if not already illegal, should be forbidden by law, except under licence and precautions for publicity; and that no experiments on living animals should be permitted, except under the same precautions." Whether such a resolution will ever take effect is doubtful. We suspect the framers of it have their doubts also, and that they will be content if, by passing it at a public Congress composed of men of various nations, it directs public attention to the whole question, and prevents excess of zeal for experiment from merging into cruelty.

After all, therefore, if any good should come from the discussion that has occurred, it must be through what is called the moral effect it may infuse. As to the medical profession, it can listen with serenity to every such episode. Having before it the highest duties that fall to man, it is bound sometimes to seem cruel that it may be really kind; but if it keep ever in view, as we unhesitatingly believe it does, that its sternest duties are compatible with loving-kindness to everything that lives, it need fear no criticism, conceal no act, regret no deed.

THE Committee of the House of Commons, who have so recently been engaged in taking evidence relating to the practice of adulteration and the working of the Acts referring thereto, were appointed, not at the instigation of the public, but rather at the instance of the manufacturers and traders, who considered themselves to be hardly dealt with by the operation of the Acts in question. This is a radical defect in the constitution of the Committee to begin with; because, appointed under such circumstances, the scope of the inquiry, the character of the evidence, and the composition and bearing of the Committee are all seriously affected thereby. The scope of the inquiry has been confined for the most part to a consideration of the operation of the Adulteration Acts, which have only recently, and to

a limited extent, been put in force, rather than extended to an exhaustive examination of the whole and great question of adulteration in its several aspects and bearings—moral, financial, and sanitary. The character of the evidence given appears to be equally wanting in comprehensiveness. The evidence of some of the witnesses examined seemed as though its object was rather to palliate and excuse certain practices more or less in the nature of adulteration than to expose and denounce the whole system. The entire evidence taken—both the trade and the scientific evidence—has been very limited and faulty; and it would appear that there has not been any system or order, or any competent guide to the Committee in the marshaling of the evidence and in the selection of the witnesses. Some of the principal witnesses who have given evidence have themselves volunteered to do so, or they would not otherwise probably have been called at all. Then, as to the constitution of the Committee itself. It includes the names of certain gentlemen identified with trade, and who are manufacturers or sellers of articles the adulteration of which has formed the subject of special evidence before the Committee. Now, without intending to reflect in the slightest degree upon the honour or integrity of these gentlemen, it does appear to us that their presence on the Committee must tend to weaken public confidence in its impartiality. These gentlemen, in fact, occupy on the Committee somewhat the position of judges in their own cause. It is no doubt very right and proper that the subject of adulteration should be fully considered from the traders' and manufacturers' point of view; but this should have been by means of the evidence brought before the Committee. Nobody who has attentively watched the proceedings of this Committee and perused the evidence given before it but must have been struck with the extremely biased character of many of the questions put to the witnesses, of the one-sided nature of some of the cross-examinations, and of the paucity of the questions directed to the elucidation of the operation of adulteration as it affects the interests of the public. Unfortunately, the scientific evidence given before the Committee has been of the usual unsatisfactory character; one witness flatly contradicting another, and one upholding practices which the next one, probably, emphatically condemned; and we fear that the result of this evidence, if we except that given by Dr. HASSALL and one or two other witnesses, will be, not to help to protect the public from a grievous wrong, but to strengthen the hands of those who are in any way inimical to effective legislation on the subject of adulteration. Before this Committee we have also seen the spectacle of one analyst roundly asserting the incompetence of nearly all his fellow-analysts; this witness by no means proving by the evidence which he gave his own competence to be a judge in the case, and himself committing some of the mistakes which he charged upon others.

To dwell upon the various errors and contradictions contained in the evidence of the scientific witnesses would extend this article to too great a length. We propose, however, very briefly to notice those portions of the evidence, as reported in *The Times*, of some few of the witnesses which appear more particularly to challenge observation.

Thus Mr. H. C. BARTLETT, F.C.S., speaking of the adulteration of tea, said "he thought that some of the so-called 'adulterations' found were 'mistaken analyses,' as the finding of slight quantities of oxide of iron might result from accidental mixings, and not be attributed to a desire to adulterate." What Mr. BARTLETT here refers to is doubtless magnetic oxide of iron, the presence of which in any such quantity as would be deemed an adulteration could never be the result of accident; and hence this witness is not justified in charging those who regard magnetic oxide of iron in tea as an adulteration with having made "mistaken analyses."

Dr. CAMERON, the next witness examined, is reported to have expressed himself as follows. Of course some pure articles could not be used. "He could not eat pure mustard." As to soluble cocoas, "he had some before him, and he thought they were known to be mixtures. He thought the starch in cocoa in such small quantity would not be injurious, and, besides, the mixing with boiling water was a partial cooking." Now, we would ask, is this witness aware that a very large proportion of the mustard sold and consumed in this country is genuine, and consists wholly of mustard-seed?—and is not this fact sufficient to show that pure mustard is not the uneatable article which the Doctor seems to consider it to be? Again, this food analyst says that the starch in cocoa mixtures is present only in a small quantity. Does he not know that in many preparations the starch and the sugar form more than one-half the article? And again, we ask, is he not aware that partially cooked starch, such as results from the addition to it of a little hot water, is a very indigestible and a very unwholesome article? Men who undertake to give evidence before such a Committee, and to instruct them on certain subjects, should at least be careful that that evidence is consistent with the actual facts. Again, Dr. CAMERON is reported to have said, as to pepper, "he did not consider a small percentage of foreign matter in this condiment as adulteration, but he could not say what percentage of foreign matter he should allow; but he had not given much attention to pepper?" We should say not, certainly. If the Doctor entertains such loose notions in reference to other articles, we shall be glad to know what in his eyes really constitutes an adulteration in any case. But he holds another unique view as to the adulteration of this article, for he says "he should hardly call the grinding up of the stalks of pepper an adulteration."

The next witnesses examined were Dr. STEPHENSON, Mr. MAC ADAM of Edinburgh, and Dr. TIDY; but their evidence contains little of any importance, and nothing which specially challenges observation.

These witnesses were followed by Dr. VOELCKER. Speaking of the adulteration of butter, he said he was astonished at seeing that analysts had given decided statements as to the fats found in butter, as there were no decided tests. As to bread, he said "potatoes were also used, but he should hardly call the use of potatoes an adulteration." As to tea, "he thought it could not be allowed that 'colouring' or 'facing' should be recognised by law, as this would open the door for every adulteration." He would not, however, have considered 1¼ per cent. of facing an adulteration, and he stated that he had not found any decidedly adulte-

rated tea. And he concluded his remarks as to the adulteration of tea with the observation that, "though he knew that the facing of tea is practised to make the tea appear better, yet he did not think it was morally an adulteration, because it was generally understood that tea was faced." Lastly, with respect to condensed milk, he said that this was mixed with sugar, and the butter was taken from it, as the preparation did not otherwise keep. He did not consider this an adulteration.

Now the facts are—(1) That it is quite possible to discover, by more than one method, the adulteration of butter with other animal fat, and this was so stated by Dr. HASSALL in his evidence, who handed in a method devised by Messrs. HEHNER and ANGELL for the accomplishment of this very important object. (2) That the addition of potatoes to bread is as much an adulteration as would be the addition of rice flour, pea or bean meal. (3) That it is sheer nonsense to talk about the addition of starch to cocoa making it more digestible, for the stomach in the case of mixed cocoa and farina has two substances in place of one to digest; the farina, from the method of preparation usually pursued, by the pouring on the mixed article of a little hot water, being but partially and imperfectly cooked, and hence being submitted to the stomach in a form disadvantageous for ready digestion. (4) Dr. VOELCKER very properly objects to the painting of green teas, but he nullifies that objection immediately by the statement that he should not consider 1½ per cent. of colouring matter an adulteration. This is, in fact, to surrender the whole question, for the amount of paint added to make tea green ranges from 1 to 3 per cent.; and if 1½ per cent. be not an adulteration, how would it be possible to draw a line and to say that 1¾ or 2 per cent. shall be deemed adulteration? Again, what are we to say of the statement that, although he knew that the facing of the tea was practised to make the tea appear better, yet he did not think it was morally an adulteration, &c.? (5) The admission that he had not found any decidedly adulterated tea shows that his experience in regard to the adulteration of this article is of a very limited character. (6) Dr. VOELCKER is in error in stating to the Committee that the fat is removed from condensed milk in order to make it keep; and he is equally in error, if this practice really prevailed, in considering that it would not be an adulteration. It would be as much so as is the abstraction of the butter from whole or uncondensed milk. This statement of Dr. VOELCKER has been authoritatively denied already, so that it is unnecessary to dwell further upon it.

We shall now conclude this part of our subject with a few remarks on that portion of the evidence of Mr. WANKLYN which relates to the adulteration of butter. In reply to questions by the Committee, he stated that he had heard the evidence of Dr. HASSALL, to the effect that it was quite possible to detect the adulteration of butter with foreign fat. He said he believed that Dr. VOELCKER was right and Dr. HASSALL wrong; and that there was no method of ascertaining the presence of foreign fat in butter. Now, we have it on reliable testimony that such a determination is quite practicable, and within the present resources of chemical science; and that Mr. WANKLYN, in making the statement we have adverted to, is certainly under a misapprehension. We might have extended greatly this short criticism on the scientific evidence given before the Adulteration Committee; but for the present we refrain from doing so. If those who have been called upon to instruct a committee have in so many instances proved to be erring guides, we fear that the members of the Committee themselves will find it very difficult, uninformed as they are in such matters, to estimate at its proper value much of the scientific evidence which has been placed before them.

That great good has already resulted even from the present Adulteration Acts, imperfect as they undoubtedly are, and denounced as they are by both sides—by buyers and sellers, the public and the traders,—cannot be questioned. They have served to recall to the public the widespread and serious nature of the evils those Acts were intended to remedy; and it now rests with the public to decide whether they shall in the future be rendered more effective and stringent, or whether the efforts of the enemies of effective legislation shall prevail, and the good already gained be lost.

We shall take an early opportunity of recurring to this subject; and we shall, probably, critically examine still more in detail the evidence given before the Committee, especially the scientific evidence.

THE International Sanitary Conference, which held its first meeting at Vienna on the 1st inst., has been convened to revise the conclusions arrived at by the Constantinople Conference of 1866. This latter Conference, it will be remembered, was called together at the suggestion of France, under the influence of the invasion of cholera in 1865, the third, if not the fourth, of the great invasions of the disease from India to which Europe had been subjected. The Conference had submitted to it for consideration the possibility of devising measures for warding off from Europe future invasions of cholera, and, after sitting several months, it completed a plan which it held to be practicable to this end. This plan included a thorough revision of the measures of quarantine then practised by various maritime powers against cholera; and it detailed a scheme for shutting out cholera from Europe by the establishment of quarantine organisations along the various routes by which the disease might travel westwards and northwards from the head of the Red Sea to the foot of the Caspian. This remarkable scheme professed to seal against cholera all the common thoroughfares of traffic from India through Egypt, from the province of Bagdad into Arabia and thence to Egypt, from India into Mesopotamia, and from Persia into Turkey in Asia and Russia. At the time we had occasion to comment on the fallaciousness of this vast conception of sea and land quarantine, and to express the opinion that the conclusions of the Conference, while apparently founded on scientific premises, were altogether retrograde and impracticable. Events have not been slow to prove the accuracy of this judgment. No part of the Conference's plan of protecting Europe has been found capable of being reduced to practice, except in so far as it affected Egypt, and here only in a modified sense. When, in 1872, cholera

starting from Meshed Ali on the lower Euphrates, straggled in the wake of certain pilgrims into Northern Arabia and the Hedjaz, Egypt attempted to put in force the suggestions of the Conference, and it is believed not without some success in keeping the disease from Egypt. But the suggestions of the Conference as to the quarantine of cholera generally have had the effect of stimulating into unusual activity the quarantine measures in which the Levant and Mediterranean ports indulge, to the great prejudice of trade and to the utter confusion of such feeble traces of nationality as may at the best attach to quarantine as commonly understood. For, at the time when the Constantinople Conference met, cholera was already largely present in Europe, and from that time to this Europe has never been free from the disease. Regardless of this, and of the fact that Europe has during the last nine years had almost solely to deal with a self-contained danger, the different maritime powers given to quarantine have, on the least danger of cholera, from whatever source arising, put the suggestions of the Conference in force. Thus, since 1866, we have had the extraordinary spectacle, repeated again and again, of various European ports carrying out stringent measures of quarantine for the exclusion of cholera by sea when their danger was at least equal, and often greater, from the extension of the disease to their land, no precautions whatever being taken against this landward spread. That the nations whose commerce was most affected by these measures would submit long thus to be crippled by obviously futile and most vexatious restrictions was not to be anticipated; and Russia, upon whose trade in the Black Sea the obnoxious incidence of these restrictions has borne very heavily, has been the first to protest against them. Turkey holding the command of the Bosphorus, practically the whole shipping trade of Russia passing through the Bosphorus has, since 1866, been at the command of the quarantine agents of the Porte and of their fancies. Russia, therefore, has moved the various maritime powers of Europe for a revision of the conclusions of the Constantinople Conference, and the present Conference is the consequence of her initiative.

This Conference meets with a better prospect of bringing the mere logical deductions from medical principles into accord with the necessary limitations of practice than any previous Conference. It is premature to comment upon the programme of the Conference until it has been published in detail; but we trust that it will give more regard to the results of quarantine as to cholera as observed in practice, and to the lessons to be derived therefrom, than its predecessors.

A DISCUSSION on cremation in its bearings on public health took place on Tuesday, at a meeting of the Metropolitan Counties Branch of the British Medical Association, held at the rooms of the Medical Society of London. The meeting was an unimportant one, and unmarked by any incident worthy of special notice. We demur to the statement of one speaker, who averred that "the ladies" were violently opposed to the practice of burning the body. On the contrary, it is perfectly well known that ladies of intelligence and education in London have unequivocally pronounced in favour of cremation.

Medical Annotations.

"Ne quid nimis."

THE HARVEIAN ORATION.

UNLESS the orators annually selected to deliver an *éloge* on the discoverer of the circulation interpret their task in a fresher and less traditional spirit, the oration, we fear, will be in danger of again becoming an "institution" about as lifeless as the language in which it used to be expressed. Harvey's reputation, moreover, instead of benefiting, is likely to suffer by this ceaseless reassertion of his claims. Are these, the outside world will ask, so doubtful then that every year they have to be vindicated against another impeachment? Does the scientific world need to be periodically reassured as to their validity? Sometimes, indeed, the orator ventures to deviate from the conventional track, and, as in the case of Dr. Acland, or Dr. Owen Rees, or Dr. T. K. Chambers, to seize the opportunity for discussing some new theory of disease or for reviewing the progress of medicine as an inductive science. Sometimes, like Dr. Rolleston last year, he really plunges into the physiology of Harvey's contemporaries, and shows exactly what the discoverer contributed to the then existing science. This, indeed, as performed by the Professor of Anatomy at Oxford, was a genuine contribution to that much-neglected department of research, medical history, and had the distinguished merit of disposing, once for all, of a rather formidable English "claimant" to Harvey's discovery. But merely to chronicle the events of his life—to repeat the thrice-told tale of where he was born and educated, how he concluded that the essential action of the heart is its systole and not its diastole, and that the result of this contraction is the expulsion of the blood into the pulmonary artery, in what manner and by whom his doctrine was opposed,—surely this is a rather trivial interpretation of the Harveian orator's *rôle*. Yet this, and no more than this, was Dr. West's performance on Saturday, the 27th, when a distinguished audience, including Lord Denman, Lord Coleridge, Sir C. Clifford, Dr. Westmouth, and others assembled, under the presidency of Sir George Burrows, to hear him. We were in dread, to tell the truth, that the able and accomplished orator would have set himself the task of rebutting the recent charges of Professor Ercolani, of Bologna — charges to the effect that Harvey merely re-edited what he had picked up at Padua from Carlo Ruini, Colombo, and Cesalpinus, and that he demonstrated, but did not discover, the circulation. But at this well-worn theme and (*vide* THE LANCET for June 6th of the present year) thrice-refuted calumny, the lecturer scarcely more than glanced, while restricting himself to what we cannot better describe than as a rather neatly written "obituary notice" of the "illustrious deceased,"—if not quite an additional chapter in Smiles's "Self-Help." On the whole, while the orator did not fall below the majority of his predecessors, he certainly did not rise above them, and rather confirmed than otherwise the growing conviction that the Harveian Oration has become a decidedly stale, often flat, though not wholly unprofitable exercise.

MEDICAL ASCETICISM.

A LAY contemporary sounds a note of warning to the public that among physicians an austere fashion of prescribing claret and moderation is setting in. "The rage is all for the mortification of the body." We had almost said we were glad to hear it, for luxury and over-indulgence have for some years been the rule of all classes; but this

would be to misrepresent our own opinions. We, as physiologists, have too great a respect for the body, to wish to see it mortified. Our business, as moralists and physicians alike, is to keep it alive by every device suggested by sense or science. We sincerely believe that our contemporary may dismiss his fears, and withhold his pen from warning the public against doctors who advise moderation in all things, especially in alcoholic drinks. There is as yet no excess of physicians who give such sensible advice, or who are so "run upon" that they have not time to distinguish the case of men who come to them suffering from overwork from the case of other men who come to them suffering from over-eating. Albeit it is possible to have one and the same man suffering both from over-work and over-eating, the two excesses are generally met with in different persons. It is so far true, however, as our contemporary suggests, that the practice of a few physicians in London who must be considered authoritative is, more than was the case a few years ago, characterised by a lighter esteem of the *rôle* of alcohol as a food and as a medicine—rather we should say of the *rôle* of large quantities of alcohol. We have come more accurately to know the amount of alcohol that is helpful, and to note the point beyond which it begins to load the system. It is painful to see men, and women too, taking bottles of beer and random glasses of spirit or wine, under the impression that they are taking something out of which they will get sustenance and strength, while they are merely loading their muscles with fat, or risking the fine structure of their eliminating glands, on the integrity of which, perhaps more than on anything else, longevity and the preservation of youthfulness depend. The truth is that leading medical men are now using alcohol in a thoroughly sensible way. Physicians as a class, too, are doing more by their example than even by their prescriptions. They will not be found lending any sanction by their own habits to oppressive forms of alcohol, or oppressive quantities of it, or to taking it at any time. In all this, however, there is no excess. There is not the excess of teetotalism, which denies to a jaded man the comfort and the help of a moderate quantity of wine. Though some very busy practitioners in London are practically teetotalers, and could not regard the alcohol they take as accounting for any of the "force" which they expend, they are well aware that alcohol is, when well used, a valuable and indispensable aid in maintaining health and overcoming disease.

THE DISTRIBUTION OF THE HOSPITAL SUNDAY FUND.

WE regard the result of the Hospital Sunday as a practical success, and as assuring, unless some great mistake is committed by the Distribution Committee, the permanence and prosperity of the institution. Up to Wednesday night the sum received was £26,600, which is in excess of the sum at the corresponding time of last year. When we consider the amount of dissatisfaction which was occasioned by the distribution of last year, this seems to us a most gratifying result. The Committee of Distribution have a comparatively easy task this year, but one as responsible as it is easy. They have data for guidance which their predecessors had not. They have clear knowledge as to the work done by the dispensaries, and as to the amount of help which the dispensaries used to receive from individual churches before the establishment of Hospital Sunday. Neither of these items of information was forthcoming for the guidance of the Committee on the last occasion. But they have been procured and tabulated by Canon Miller's committee. In the Report of that Committee it was recommended that dispensaries should not suffer loss by the Hospital Sunday collection — that is, as we understand it, that, as a rule (subject to exceptions, of course), dispensaries should receive from the Hospital Fund at least not less than they have been in the habit of receiving from local churches. The sum necessary to do this will not be more than £1000 or £1500 in excess of that given to them last year, and this amount would not perceptibly affect the satisfaction of the hospitals, from which no material complaint was received last year. We hold that the wise and right course for the Committee to pursue will be to treat the local medical charities of London so liberally that clergymen may have a good excuse for declining in future all collections for these charities, and may have no excuse for not joining heartily in the Hospital Sunday movement. Not a few even this year have declined joining it on account of the claims of local dispensaries. As regards the Hospital Sunday Council's influence over the administration of hospitals and dispensaries, this will be great in proportion to its generosity. Advice to charitable institutions comes with most force when it is accompanied with assistance.

THE FRIENDLY SOCIETIES BILL.

THE Chancellor of the Exchequer has prudently acquiesced in the evidently general wish for more time to consider the Reports of the Royal Commission on Friendly Societies before attempting to legislate on the subject. His Bill is therefore to be held over until next session, so as to give ample opportunity for the many who are interested in Friendly Societies to study its bearings in connexion with the facts brought to light by the Commission, some of the most important of which, including the final report of the Commission, have been published quite recently. The late discussion in the House of Commons as to the desirability of proceeding with the Bill was in some respects not entirely to our satisfaction. A plain fact stares us all in the face—namely, that there exists among the wage-earning classes in this country a wide-spread spirit of independence, which prompts them, as Mr. Lowe said, to pinch and save in their best days in order that they might avoid the necessity for Poor-law relief. Their efforts in this direction have led them to form societies, into which small periodical contributions are paid for providing certain rates of pay in sickness, in old age, &c., and the operations of these societies are said now to comprehend several millions of persons, and funds amounting in the aggregate to £11,000,000. Surely it is to the public interest in every way that so laudable a spirit should be fostered, and its development aided as far as possible by the State. Hitherto the Friendly Societies have had little or no real help from the State, and we regret to be unable to gather from the debates that Sir Stafford Northcote contemplates giving them what they really need, complete and efficient State control. There is not much practical use in giving to a Friendly Society a certificate of registration so long as that certificate does not imply that not only are the Society's rules correct, but that its financial condition is sound. Rates of contribution for sick-pay and for other contingencies require to be framed so carefully and on such extensive data that the State alone is fitted to bear the responsibility of determining what they ought to be; but then the State should have power to insist on their adoption as a condition of the registration of any Friendly Society. The periodical publication of accounts should also be required, and as all Life Insurance Companies have now to furnish their accounts every year to a Government Department, the Friendly Societies would have no right to complain if they were called upon to do likewise. If it be true, as Mr. Macdonald asserted, that well-regulated Benefit Societies would enable us to dispense with the Poor Law,

no chimerical prejudices against centralisation should be allowed to stand in the way of such State control as would conduce to so desirable a result. We hope that the Chancellor of the Exchequer, by the time next session comes round, will have been led to the conclusion that the proper basis for our Friendly Societies system is local management combined with the supervising and directing power of a central State Department, not in name only, but in fact.

The question of Burial Societies and the insurance of the lives of young children, which entered largely into the discussion on the Bill, is too important to be dismissed with a word, and we must take another opportunity of referring to it.

NURSES FOR THE SICK POOR.

A LARGE and influential meeting of charitable persons was held at Willis's Rooms on Thursday, the 25th ult., having for its primary object the formation of an association to provide nurses for the sick poor at their homes, and, with the view of procuring a supply, to found an institution for the training of nurses. The objects aimed at are fully set forth in a leading article that appeared in THE LANCET of May 23rd last, in which also will be found some critical remarks on the subject.

The chair at this meeting was taken by Sir Rutherford Alcock, K.C.B., and the resolutions were moved respectively by Lord Shaftesbury, the Bishop of Rochester, Earl Percy, Mr. F. D. Mocatta, Canon Barry, Dr. Acland, Mr. Spottiswoode, and Mr. Holland. The resolutions were only preliminary, and indicated (1) the foundation of a nursing establishment, and also a home "where nurses in training at the London hospitals, or employed as district nurses, may lodge, and where a register of trained nurses requiring employment may be kept"; (2) the wish to co-operate with, and not to supersede, existing institutions; (3) the formation of a central committee of twenty-four members to report to a general meeting of subscribers at early convenience; and (4) that endeavours be made to form a sub-committee in the country for the purpose of co-operating with the central establishment in London.

On the same day, and at the same hour, a meeting was held, by permission of the Duke of Westminster, at Grosvenor House for the purpose of taking steps to establish a trained nurses' annuity fund. Resolutions were brought forward by the Duke, Mr. Erichsen, Baron Henry de Worms, and Mr. Brudenell Carter, and before the meeting closed donations amounting to £700, and subscriptions to £70, were announced.

It is unnecessary to comment upon the very important nature of the work which the first-named committee propose to inaugurate, or the supplementary useful character of the propositions spoken to at the Grosvenor House meeting. But, as we indicated a few weeks ago, the committee have undertaken no easy task, because the supply of raw material required for the manufacture of good nurses is at present limited, and the necessity of dealing with many minor establishments, who are now struggling for the ready-made article, must inevitably arise almost at the outset. It will be necessary as a preliminary measure to secure an adequate field of operations by enlisting the sympathies of the working authorities both of town and country hospitals. This must be done systematically, so that all these institutions may be induced to receive and adopt some definite method of instruction for a certain number of probationers, according to the size of the hospital. In all hospitals and infirmaries, however small in size, there is a field for instruction, and for many reasons the probationer will at first learn more in an institution containing twenty beds than in a large hospital accommodating two hundred or more patients, always of course presuming that the teaching is adequate, judicious, and, above all, systematic. We shall watch the rise and progress of the work with very great interest, and are glad to know that such men of our own cloth as Dr. Acland, Mr. Simon, Sir James Paget, and Dr. Carpenter, have already given their support to the movement.

HEALTH OFFICERS AND MORTALITY RETURNS.

FOR many years past the Registrar-General has afforded invaluable aid to the metropolitan medical officers of health by sending to them every week the detailed returns of deaths sent in by the London registrars for the purposes of the published weekly returns. The labour of writing out the details of 1200 to 1500 deaths per week is thrown exclusively upon the 139 metropolitan registrars, and they have never received any extra remuneration for it. Now all over the country outside the metropolis the medical officers of health are authorised to call for returns of mortality from the 2056 country registrars, whose right to receive pay for the same at the hands of the local sanitary authorities is everywhere admitted. It is not unnatural that the metropolitan registrars should raise the question why in respect of returns made by them, and applied to precisely the same use as carries an authorised remuneration in the country, they should stand on a less advantageous footing than their country *confrères*. They have accordingly appealed to the Registrar-General on the subject, who has issued a circular letter to the metropolitan sanitary authorities, in which he advocates what he considers to be the just claims of the registrars, and suggests that they should receive a fixed sum of £1 per quarter, and an additional fee of one penny for every entry of a death after the first fifty entries in each quarter. Considering that the country registrars get twopence an entry all round for returns made by them to the local sanitary authorities, the Registrar-General's suggestion does not strike us as in the least unreasonable, and we think that any London vestries and district boards which may refuse to entertain it will be acting neither wisely nor justly.

The registrars, taken as a class, are not well paid as it is, and there is an increasing tendency to curtail their emoluments on the one hand, and to impose additional duties upon them on the other. If this tendency be not checked, we shall some day have a serious difficulty with these officers.

PHARMACY IN IRELAND.

WE have been courteously supplied with a copy of the Pharmacy Bill for Ireland, proposed by the Governor and Company of the Apothecaries' Hall, Dublin, who, as our readers are aware, strongly object to the short Bill of the King and Queen's College of Physicians, the essential proposal of which is to devolve on the Pharmaceutical Society of Great Britain the appointment of persons in Ireland to examine candidates in pharmacy in that portion of the kingdom, as in the case of Scotland. The Apothecaries of Ireland have a much more elaborate scheme. They propose that, except duly qualified apothecaries, it shall be unlawful for all other persons to keep open a shop for dispensing or compounding medical prescriptions in Ireland, unless such person shall be a pharmaceutical chemist within the meaning of the Bill. The Bill contemplates two classes of persons to be recognised henceforth as pharmaceutical chemists—first, such as have kept open shops for the sale of drugs and poisons before the passing of the Bill; and, secondly, those duly registered under this Bill. To examine persons seeking registration, a Court of Examiners is necessary, and the Bill proposes that the Board shall consist of four mem-

bers of the Court of the Apothecaries' Hall, and not more than eight other examiners, to be elected by members of the Pharmaceutical Society of Ireland—a body unknown to our readers, but the creation of which is provided for in the 18th clause of the Bill. The subjects for examination are similar to those of the Pharmaceutical Society of Great Britain, and do not include the Theory and Practice of Medicine or Surgery, or Midwifery, or any branch of medicine or surgery. The Apothecaries' Company here allow, in regard to the important point in dispute, that only a narrow range of study and examination is necessary for chemists and druggists as compared with general practitioners. As they have existed as a medical examining body, it seems to us more dignified and simple that they should leave to others the duty of examining druggists and chemists, and that by far the simplest way of doing this is to make the Pharmacy Acts applicable to Ireland. To create a new society, and then only empower it to act conjointly with an old one which exists for a higher purpose, is to introduce great complexity into a very simple matter. Such a course is not recommended by the present state of the Conjoint Board question in our own profession in Ireland. We are decidedly opposed to any further reliance on Conjoint Boards. We are still of opinion that the proposal of the King and Queen's College of Physicians is the best one for improving pharmacy in Ireland.

THE MUSEUM OF THE COLLEGE OF SURGEONS.

MR. FLOWER'S annual report on the magnificent collection under his charge shows that, notwithstanding his enforced absence for some months from illness, the work of the museum has prospered under the skilful hands of Dr. Goodhart and Mr. Alban Doran, his assistants. The curator makes a forcible appeal to the profession to assist him in perfecting the Pathological collection, which has become somewhat dwarfed by comparison with the enormous increase of the Comparative series, and urges the presentation to the College of typical specimens of disease in a fresh condition, and with a history attached to them.

The profession may satisfy themselves by an inspection of the annual exhibition of new preparations now on view, and of the collection in the galleries of the museum, that every specimen which really supplies a deficiency in any series will be duly cared for, properly dissected, catalogued, and, without more delay than is absolutely necessary in preparation, exhibited in its proper place in the museum. It will be easily understood that discrimination in respect to selection must be left to the conservators, who in all doubtful cases refer to the Museum Committee. It is almost impossible to say beforehand, without a careful examination of a specimen, and often not until it is actually dissected and mounted, whether it ought or ought not to be placed in the museum; its value depends, not on its being an example of a particular disease, but upon whether and to what extent it exhibits and illustrates the anatomical characters of that disease. It is moreover desirable, in a museum maintained in an efficient teaching condition, that old or inferior specimens should be occasionally replaced by others showing the same facts in a more perfect manner.

Probably the idea that all departments of pathology are adequately represented already in so large a collection as that of the College of Surgeons, deters many from sending specimens which, although comparatively common, are still desiderata; among which may specially be mentioned lardaceous diseases of viscera, visceral syphilis, phthisis (more especially the chronic fibroid form), and diseases of the valves of the heart.

Only sixty-six new preparations have been added to the Pathological series during the past year, and these have been contributed principally by Sir W. Fergusson, Dr. Goodhart, Mr. Bryant, and others.

The Osteological collection has received many valuable additions, notably a female Australian skeleton, two very characteristic West African skeletons from Ashantee (not spoils of war), and two ancient short-headed females from Bolivia. Mr. Flower brought from Egypt ten ancient skulls, and appeals to travellers to increase his collection. Among the Comparative Anatomy series, a perfect skeleton of the freshwater dolphin of the Ganges may be especially mentioned, and the museum is indebted to Mr. Sclater for skulls of the tapir, and to Mr. Swinhoe for the skeleton of the Chinese water-deer. Mr. Garrod has contributed a valuable series of dissections of the muscles of birds, and Mr. Pearson has continued his admirable dissections of the ligaments and arteries of the human body.

EUCALYPTUS GLOBULUS.

WE should like to see a fair trial made of the alleged virtues of the Eucalyptus globulus. It transpired in the House of Commons on Tuesday last that Dr. Hooker had informed the Colonial Office that the sanitary properties of the tree had been greatly exaggerated. Moreover, its cultivation had proved unsuccessful in the Mauritius; and it was doubtful whether it would thrive in any thoroughly tropical climate. While leaning towards Dr. Hooker in his scepticism, we are glad to learn that seeds have been sent out to Sierra Leone. There are many pestiferous districts in our African protectorate where experiments of planting the tree might without much difficulty be carried out. The matter is worthy the consideration of our Government. It was feared that the plant was not sufficiently hardy to withstand the rigorous climate of this country. A hope may now, however, be entertained of successfully growing the tree in England. We have ascertained that a very fine specimen now grows in the gardens of the Earl of Devon, at Powderham Castle, raised from seed brought from Australia in 1844. The tree is over thirty-five feet high and five feet in girth. It stands on the slope of a hill looking west, and is sheltered from the east and north winds by thick plantations. The subsoil is of red sandstone, with a surface of peat. In its early existence the tree was severely injured by frosts, which caused its branches to decay, but for some years now it has been unaffected by cold. Another specimen of the gum tree is found at Tandridge Court, Godstone, the residence of Lord Cottenham. This is twenty feet in height, and was planted in 1869. We shall be glad to be put in possession of any fresh facts bearing on the cultivation of the tree.

SANITARY COMMISSIONERS IN INDIA.

WE learn with much surprise that Sir John Strachey has appointed a young civilian as sanitary commissioner to the North-west Provinces in the Bengal Presidency for six months. Our correspondents in India anticipate that the appointment will be made permanent, but we can hardly believe this to be possible. Why not appoint a lawyer to command a regiment, or a soldier to officiate as judge or collector, if a young gentleman of the Civil Service, who is profoundly ignorant of the subject, is called to act as sanitary commissioner? Such an appointment cannot be defended on any grounds; it is simply playing with the great subject of public health, and making the office a farce. It is tantamount to saying that sanitary science is a pretence, for it must be a pretence if a man without knowledge or experience can discharge its highest duties. An appointment like this strikes at the root of all efficiency; it is most unjust to the people of the North-west Provinces, who are so greatly affected by sanitary legislation; it must be in the

highest degree distasteful to the Bengal Medical Department, which has among its members men of first-rate sanitary knowledge; and it is very discouraging to those persons in this country who are doing all they can to advance preventive medicine in India. It is a fatal step, and will do immense mischief.

That such a step should be taken by Sir John Strachey, of all men, is very curious. He knows better than anyone how badly similar appointments have worked, and how necessary it is that this particular post should be filled by a man who has made sanitary science a matter of special study. He is so thoroughly acquainted with the ground, and is also, we should have thought, so independent of jobbery, that his action is to us inexplicable. We prefer to think that he has only made a temporary appointment until he has time to choose a really competent medical officer. But if we are mistaken, we can only hope that both in this country and in India there may be enough expression of public opinion to prevent him from making a mistake so injurious to the people he governs, and so unjust to the service which alone can furnish him with efficient sanitary officers.

THE COLLEGE OF PHYSICIANS' CONVERSAZIONE.

ON Wednesday evening the Royal College of Physicians held its annual *conversazione*. Nothing could be better than the arrangements, from the pleasant welcome at the hands of the President and Council in the reception-room to the varied, interesting, and well-grouped objects of professional, antiquarian, or artistic attraction, which appealed to the eye on every side. Much attention was bestowed on Sir William Fergusson's contribution of the cast of the left humerus of Dr. Livingstone, showing the false joint consequent on the bite of a lion, whereby the body was identified; while another arrival from the same continent, in the shape of diamonds and other precious stones, and gold from Coomassie—sent by Professor Tennant—were examined with an interest equal to their curiosity. One of the best features of the exhibition—for such it may be called—was the series of model dwellings for the industrial classes in town and country, those of the Improved Dwellings Company, those adopted by the Baroness Burdett Coutts and the trustees of the Peabody Fund, and the plans of the double cottages erected at Cardington by "plain John Howard" in 1763, attracting—and deservedly—most attention. The show of microscopes and other medico-scientific apparatus and appliances was equally rich and varied, and everything lent itself to the entertainment and instruction of as large and genial an assemblage of the *élite* of the profession and the lay public as ever met within the Asclepian portals of Pall Mall.

A "CHILI" RECEPTION.

LET the University of London look to its laurels. Let the Oxford and Cambridge Doctor of Medicine return to his books. Let the Edinburgh winner of the *summi in medicinâ honores* hide his diminished head. Let the Dublin graduate in medicine or fellow in surgery fall back—*summâ diligentiâ*—on his coach. Not a man among them can compete with the possessor of the diploma of the game little republic of Chili—the most prosperous, according to the Encyclopædia Britannica, of the South American democracies—which has just intimated, through the Dean of its Faculty of Medicine, that no English doctor need apply, because the medical knowledge to be had in England is far inferior to that in Chili. We admit that, in some respects, our opportunities are smaller. We have no earthquakes. We have no revolution almost as periodical. Our presidents, whether in Pall-Mall or Lincoln's-inn-fields, don't change half so often as the Chilian ones. We don't enjoy so many visits of his Yellow Highness the Vomito, or even of his Atrabilious Majesty King Cholera. In none of these respects have we such a "lively time." But is not the Chilian faculty putting the medical cart before the social horse? Given a more settled Government, a better administration, and superior educational institutions, are there not likely to be fewer social and sanitary abuses, and a more effective class of practitioners to deal with the remainder? And might not our Chilian friends be all the better for personal contact and competition with the representatives of an older and more masculine civilisation? Their dog-in-the-manger policy can react only for injury to themselves, opposed as it is to the physician's grand old maxim, that his field is the world, and his function *ubique gentium*.

THE METROPOLIS WATER-SUPPLY.

COLONEL BERESFORD has come to grief with this Bill, which drops out of its brief Parliamentary existence in consequence of its not having complied with the Standing Orders of the House of Commons. As we have already expressed our opinion that a subject of such importance as the water-supply of London ought to be taken in hand by the Government, and not by a private member, we cannot feel particular regret at the failure of this Bill. The fact is that the better regulation of the metropolitan water-supply ought to be involved in a plan for putting the entire metropolis under an effective organisation for all municipal purposes, and, considering how long promises of such a plan have been kept dangling before us, we are inclined to hope that something will be done in this direction in the course of another session. There are not wanting indications that the proceedings of the London gas companies during the last winter have greatly strengthened the public feeling in favour of liberating the metropolis from the irresponsible control now exercised over it by powerful commercial companies for their own ends, and when next the question of the government of London is raised—as it ought to be soon—we shall be mistaken if it be not found that enough ground has been gained by the advocates of a metropolitan municipality to make the speedy attainment of that object practicable. We do not think that separate water and gas commissions apart from the general administration of London would be so desirable as one administrative body for all purposes, and this is a strong reason why we could not support Colonel Beresford's Bill.

THE INDIAN MEDICAL SERVICE.

OUR attention has been directed to a circular recently published by the Surgeon-General of the Indian Medical Department to all the medical officers of that service. The Surgeon-General, it will be seen, is very frank and outspoken in the matter. He regrets to notice the want of interest shown by so many medical officers in their work. He is aware that this is due, in a measure, to the impression on their part that work will not meet with its just reward. The Surgeon-General wishes to disabuse the medical officers of this idea, and announces his resolution to recommend that all appointments shall be given for merit so long as he has the honour to be at the head of the Service. We quote the substance of the first two paragraphs of this circular from the *Times of India*, and we agree with our contemporary in thinking that it discloses a very unhealthy condition of things. The Surgeon-General in effect states that medical officers are imbued with the feeling that success so rarely waits on merit that work may be said to have lost the recompense of reward, and that it is better to cultivate other methods of attaining the object in view.

Assuming the Surgeon-General's verdict to be correct as to the lukewarm and perfunctory manner in which the work is done, we are far from saying that the alleged cause is its sufficient justification; but, so long as human nature remains what it is—and there is a good deal of human nature in medical officers as in other men,—if the dominant feeling in the department be as it is represented, we need not go far for an explanation of the condition which the Surgeon-General deplores. It is no use shutting one's eyes to the fact that the hope of advancement is the stimulus, and a legitimate stimulus, to exertion. The best type of medical officers are ambitious of rising in their profession and service by their qualities for work, and the energy and zeal they manifest in the discharge of their duties. If the impression once gets abroad that "work will not meet with its just reward," these qualities will soon cease to be exhibited.

LEGISLATIVE BREACH OF PROMISE.

WE are informed that the Adulteration Act, in spite of the Select Committee which has been sitting upon it, will remain *in statu quo*, as the Government contemplate doing nothing in the matter, at least for the current session. Really the public, as well as the profession, have a right to complain of the manner in which all questions affecting the public health are systematically shelved or postponed to matters of less vital importance. It is one point in favour of the present Government that Mr. Stansfeld's successor at the Local Government Board treats us with nothing like the cynical indignity to which we have been inured; but, practically, we have scarcely got much farther on the pathway of sanitary reform than we were a year ago. Mr. Gladstone has this, on the other hand, to say in self-justification, that he made no promise like the Conservative leader, of putting sanitary reform in the political foreground. He did not commit himself to the rubric *Sanitas sanitatum, omnia sanitas*. Mr. Disraeli may yet prove faithful to the cause which he has wooed; but unless he gives something like an indication of sanitary policy ere long, he lays himself open to the charge of "breach of promise."

UNIVERSITY COLLEGE, LONDON.

WE congratulate the authorities of University College on the appointment of Dr. Burdon-Sanderson to the chair of Anatomy and Physiology, which for nearly forty years has been held with such distinction by Dr. Sharpey. Henceforth, in accordance with the wish of Mr. Jodrell, who has bequeathed a large sum of money for the maintenance of the professorship, the subjects of physiology, histology, and practical physiology will be taught by the same person, so that Dr. Burdon-Sanderson will not only deliver the systematic lectures on physiology, but will superintend the practical instruction in the laboratory. The eminence of the present professor and his known capacity as a teacher offer a sufficient guarantee that this College will maintain its reputation as one of the best schools for the study of scientific and practical physiology in this country.

THAMES STINKS.

THE inhabitants of Woolwich, Blackheath, Eltham, and other places in the vicinity of the Thames, are naturally anything but contented to have their nostrils assailed by the stinks borne down upon them by the winds from the manure, glue, bone, and other manufactories on the banks of the Thames. There seems to be a general concurrence of testimony as to the extremely disagreeable nature of these smells, although they do not appear to have directly given rise to any disease. A nuisance of this sort is calculated to diminish the value of house property in the neighbourhood, as people do not care to occupy a place where they are never secure from being invaded by foul odours which would, for example, precipitately break up a garden-party. Some of the residents in these neighbourhoods declare that there is a certain amount of variety in the character of these stenches, according to the direction and force of the wind, and that some are worse than others, but all are bad. We have legislation to prevent or mitigate the nuisances of chemical works, and why cannot something be done in this direction? There must be some method for counteracting a nuisance of this sort, and the proprietors should surely be compelled to adopt it.

THE FUTURE OF THE GOLD COAST.

IN the recent debates in the House of Commons, the speakers on the Government benches have simply iterated the policy which Earl Carnarvon had indicated in the Upper House. And if this country is not prepared to abandon the Gold Coast altogether, it is, perhaps, the best policy that could be followed. We have no belief in our power to overcome the dangers of that climate by any sanitary improvements, although we have little doubt that these dangers might be mitigated by establishing a hill sanatorium, and by locating the smallest possible force in the wretched stations on the seaboard. It may be that some men will be tempted by the influence of a gold fever to encounter the risks of contracting the fevers endemic to the West Coast. Sir J. Glover's declarations as to the amount of gold existing in that country may tempt some to go in search of it; but there is a wonderful concurrence of opinion among medical officers as to the abominable character of the climate, and the possession of wealth is no recompense for the loss of health which a residence on the West Coast of Africa will almost certainly entail.

EXCHANGES OF ARMY MEDICAL OFFICERS.

MR. GATHORNE HARDY, in reply to Mr. Stacpoole, is reported to have said that an order on the subject of exchanges by medical officers was issued in 1843, and that since that time exchanges had not been encouraged, although they had, under special circumstances, been allowed. This reply must have proved uncommonly puzzling to medical officers, and it is curious that some ridiculous mistake so often occurs as to the answers, or reported answers, of the War Minister when he has anything to say regarding the medical service. Mr. Gathorne Hardy has probably been erroneously reported, as 1873, and not 1843, was doubtless the date to which he referred. We have been told that exchanges between medical officers had been discouraged with the view of equalising in the future the amount of foreign service among the officers.

CONTAGIOUS DISEASES ACT.

IN the newly-published departmental volume on the Health of the Navy we find it stated, in the section appropriated to the medical returns of the Home station, that the continued beneficial operation of the Contagious Diseases Act on the force at the various home ports is now so fully recognised by medical officers that they have almost ceased to make any direct allusion to it, accepting it simply as a well-established fact. Whenever the Act is referred to it is always in connexion with an expression of regret that it is not more extended in its application. The staff-surgeon of the *Indus*, at Devonport, remarking on the very small number of cases of primary and secondary syphilis, adds that, "regardless of its enemies and opponents, the Act still protects us from an overwhelming number of cases of disease." This condition of things at Devonport is in

marked contrast to the unprotected port of Hull, where the staff-surgeon of the *Audacious* has to lament the prevalence and severity of these forms of disease. The medical report states that a large proportion of the disease that exists in protected ports is readily traced to importation from unprotected districts, and if these could only be reached by legislation strictly carried out, there appears to be little doubt that the more destructive forms of disease might be almost altogether stamped out.

THE NAVAL MEDICAL SERVICE.

BY the death of Sir Alexander Nisbet a good-service pension and the post of Honorary Physician to the Queen are vacated and are placed at the disposal of the Admiralty. Sir A. Nisbet became Inspector-General of Hospitals and Fleets in 1855, and was awarded his pension in 1865. He was knighted by Her Majesty last year, at the request of the Director-General.

It is not improbable, we believe, that Sir Alexander Nisbet's death may cause a move in the long-stagnant list of inspectors-general, since the good-service pension may induce either Dr. Davidson or Dr. Salmon to accept retirement. In that event the step will no doubt fall to Deputy-Inspector Mason, who is at present serving in charge of the Naval Hospital at Malta, and who has had much service both at home and abroad. The promotion of the deputy-inspector will give the authorities the opportunity of promoting a staff-surgeon, and possibly of rewarding Deputy-Inspector Reid, who has just returned from the Gold Coast, by giving him the appointment at Malta.

The vacant post of Honorary Physician to the Queen must of necessity fall to one of the inspectors-general, and we imagine that the long services of Dr. Smart, C.B., together with his contributions to science, point him out as especially worthy of the honour.

SOUTH DURHAM AND CLEVELAND MEDICAL SOCIETY.

THE first annual report of this Society has just been published. Although the Society has been formed but little more than a year, it numbers between forty and fifty members, many of whom we recognise as the standard men in the district. The report, although short, shows the members have not been lukewarm in the cause. In addition to valuable clinical work, many subjects of more than local interest have been discussed at the various meetings of the Society. The Contagious Diseases Acts have been approved, and the subject of unqualified assistants has been submitted to the consideration of a special committee to investigate each case, and take proper action.

The Society has, we believe, been established mainly through the exertions of Drs. Foss and Ellerton, assisted by the President, Dr. Eastwood. We would urge all the members of our profession practising in the rapidly increasing towns of busy Tees-side to join the Society, if only as a means of promoting that *entente cordiale* so desirable amongst men living in the same district and following the same pursuits.

A GREAT DIFFERENCE.

THERE is, perhaps, nothing more humiliating to human vanity than to be disabused of a favourite and long-cherished fallacy. Miss Jex-Blake will doubtless feel some remorse in finding that, after all her preparation for her examination at the University of Edinburgh, she was not "thoroughly adequate," and that her failure was more than "alleged." She may, however, congratulate herself that she has constrained her examiners to publicly declare the grounds of their decision, though the manifesto does not reflect on her much credit. It will be remembered that Miss Jex-Blake a fortnight ago, in a letter to the editor of *The Times*, charged her examiners with unfairness and injustice. The examiners, in a recent letter to the same journal, have alleged the contrary. It seems that the subjects of examination were chemistry, botany, and natural history. Miss Jex-Blake's papers "were carefully examined by six examiners (three of whom were professors), and they unanimously agreed that the answers were extremely defective on every subject." If necessary, this lady could no doubt throw more light on this question, and could afford a satisfactory explanation, but it will be well for her not to appear again in public as a martyr to a doubtful cause, unless she is able to advance arguments as convincing to others as they are to herself.

INTERHOSPITAL ACCOMMODATION.

WHEN hospitals are under repair, or when from one cause or another they have to be temporarily closed, the patients are apt to suffer, not only by the interruption of medical treatment, but by the want of those comforts and tendance which only a hospital can afford. Lord Eliot makes the sensible suggestion in *The Times* that before closing "special" hospitals arrangements should be made with one or more general hospitals for the reception of their patients, or, if that cannot be done, that "special hospitals should raise a fund for the sole purpose of enabling those who would otherwise be in-patients to get at least some of the advantages at their own homes which they would have had had they been admitted." This is surely a direction in which the charities of London may be wisely extended.

REGISTRATION OF DISEASE.

NOTWITHSTANDING the strong recommendations of the Royal Sanitary Commission in reference to the importance of a national system of sickness returns, we do not seem to have moved very far as yet towards its institution. Locally, we suppose, something has been done in the matter by the various medical officers of health, but we hear not a whisper of any proposed collation of such local returns at the central office. All that seems to have as yet entered into the contemplation of the Local Government Board is the practicability of obtaining early information of the prevalence of epidemic disease in the metropolis; to which end a letter has been addressed to the Metropolitan Asylums Board "requesting that the returns of admission of patients at the infectious hospitals of the managers may be supplied to the Local Government Board immediately after they have been presented to the managers." This is making haste slowly enough in all conscience.

THE CITY.

DR. SEDGWICK SAUNDERS, the recently-elected medical officer of health for the City, presented to the corporation last week his first report. Since his appointment he had made a survey of neglected or defective dwelling houses, and drawn out a list of places requiring improvement. The markets and slaughterhouses had been inspected, and over 17 cwt. of meat condemned as unfit for food. We observe that at the last meeting of the City authorities notice of the following motion was given:—

"That a special committee be appointed, consisting of nine members, to inquire and report as to the legality of the late election of a medical officer and food analyst, with power to have any legal assistance they might deem necessary, and report to the next court."

It is proposed to pay Dr. Tidy and Mr. Liddle, who acted as

joint medical officers of health during the last three months, the same amount of salary as Dr. Letheby would have received in the period—viz., £150,—and to thank them for their services.

QUARANTINE AT FRENCH PORTS.

MR. FREDERICK BERNAL, our Consul at Havre, gives, in his last annual report to the Foreign Office, just published, some amusing examples of "how not to do it" in France in matters relating to infectious and contagious diseases. It appears to be the practice at Havre, and for aught we know at all other French ports, to shut the door after the disease has obtained an entrance, and to keep up an irritating system of quarantine conspicuous only for its ridiculous aspects and absurdly futile results. Having regard to the particulars set forth in this report, and to the fact that, as we remarked a fortnight ago, sanitary news of a correct kind is very difficult to obtain from our Gallic friends, it behoves port sanitary authorities on this side of the Channel to be doubly watchful as to all arrivals from Boulogne, Calais, Dieppe, Havre, &c., when cholera is known to exist in Northern Europe.

LORD DALHOUSIE.

THE latest bulletin from Brechin Castle is not, we regret to say, of a reassuring kind. Our correspondent telegraphs that his lordship labours under much physical prostration, the result of a severe attack of iliac obstruction followed by peritonitis. The inflammatory sequela has been subdued and the obstruction partially relieved, but the symptoms are still sufficiently distressing to cause the deepest anxiety to the numerous friends of the noble lord.

THE SOHO HOSPITAL FOR WOMEN.

WE understand that the Soho Hospital for Women is shortly to be closed entirely for two months, in order to admit of extensive repairs and the holidays of its reduced medical staff. If the institution can be thus closed for two months without detriment to the public, why not close it for a twelvemonth—or, possibly, for ever?

LORD YARBOROUGH.

WE have authority for stating that the noble lord has been suffering from a severe attack of double pleuro-pneumonia, but for the last few days his lordship has undergone a marked change for the better.

A TELEGRAM reached the Foreign Office on Tuesday to the effect that a disease, reported to be plague, had broken out in Bengazi, and that vessels from that town to Egyptian ports are now subject to quarantine. Bengazi is an extremely filthy town of about 5000 inhabitants, situated on the east side of the Gulf of Sidra, in the regency of Tripoli; and carries on a considerable export trade with Egypt and the Eastern Mediterranean ports in fruit and other provisions, employing in the work small and very dirty coasting vessels, which are likely enough to aid actively in the spread of any epidemic disease.

THE Local Government Board has requested the Metropolitan Asylums Board to furnish it in future with early returns of all admissions to the small-pox and fever hospitals under the control of the managers. The information will, we presume, give the localities from which such patients were sent. The importance of obtaining without delay proof of the existence of an epidemic in any of the metropolitan districts is sufficiently plain. We may now hope for prompt investigation in every case where there is an unusual prevalence of an infectious disease.

DR. TRIPE, medical officer of health for Hackney, in a report on the sanitary condition of his district for the year 1873, shows that the deaths from the chief epidemic diseases were much below the average of preceding years. The mortality from fever appears very small when it is considered that all the deaths in the Fever Hospital are now recorded in the district returns. While the infantile death-rate was rather high during the year, there was evidenced an increased longevity of a large proportion of the population. An effort was made to improve the approaches to the small-pox and fever hospitals, which are a source of danger to the inhabitants of the locality, and regarding which complaints have often been made. The Asylums Board, however, refused to interfere in the matter. As showing the difficulty experienced in compelling people to remove nuisances from their premises, we may state that it was necessary last year to serve 5876 notices, and take out 75 summonses.

THE managers of a Sunday school at Birmingham have, according to the *Daily Post* of that town, set an example which may well be followed by similar institutions whenever an epidemic of small-pox manifests itself. Having reason to believe that many of the pupils in the school in question were unvaccinated, the managers obtained the services of two public vaccinators, who visited the school on Sunday last in order to examine the children. To those who were found to be unprotected by marks tickets were given directing them to attend at a vaccine station on the following day, when they would be vaccinated. In future no one will be received into the school unless possessing evidence of having undergone the salutary operation. We gladly recognise the intelligent care which dictated the above measures.

FROM the forty-fourth report of the Belfast Hospital for the Insane, just issued, we learn that during the past year the resident physician had a narrow escape of meeting a violent death, having been attacked on two separate occasions by homicidal inmates. In the first instance an attempt was made to strangle him; after that he received a severe stab in the region of the eye with a sharpened knitting-needle. Fortunately the blow was diverted from its course, or it would very likely have proved fatal. The same patient who committed the latter assault subsequently severely injured two of the keepers. It strikes us that the number of suicidal and homicidal cases admitted in the year was unusually large—viz., twenty-seven of the former and seventeen of the latter.

DURING the past week 1216 deaths were registered in London, including 1 from small-pox, 22 from measles, 34 from scarlet fever, 5 from diphtheria, 25 from whooping-cough, 23 from different forms of fever, and 68 from diarrhœa. It will be observed that the fatality from the latter disease is steadily increasing. The deaths referred to diseases of the respiratory organs and phthisis amounted to 336. Munich and Berlin still enjoy the unenviable distinction of being the most unhealthy of the European cities.

LEICESTER-SQUARE, in its now renovated and embellished state, was opened on Thursday with a success which must have been very gratifying to the donor. The crowded neighbourhood in which it lies will now enjoy an elegant and exhilarating recreation-ground, where formerly there was nothing but the abomination of desolation. As a boon to the public the gift can hardly be overestimated, and will, we hope, be followed by similar acts of munificence in other quarters of London.

THE eighth annual meeting of the United Hospitals Athletic Sports, held at Lillie Bridge on Saturday last, was an unqualified success, in spite of the ground being a little wet. We noticed that five of the prizes, including the challenge shield, fell to representatives of King's College Hospital. How is it that a united hospitals' cricket team cannot be raised? There would be no difficulty in getting together a strong eleven. The Bar has already this year appeared at Lord's, and with signal success.

WE are glad to learn that Major Butler, C.B., the well-known author of the "Lone, Lorn Land," has recovered his health sufficiently since his arrival in this country from the Ashantee Expedition to enable him to leave Netley. This officer's state of health was such as to give rise to some apprehension at one time, and Her Majesty was graciously pleased to exhibit much interest in Major Butler's favourable progress.

THE International Cholera Conference, of which Baron Von Gagern is president, was opened at Vienna last Wednesday by Count Andrassy, who gave assurance of the cordial co-operation and sympathy of the Austrian Government with the objects of the Conference. Professor Sigmund made an able speech explanatory of the state of the question now before the various delegates.

DR. BHAU DAJI, the most learned native in Bombay, and a most charitable and respected member of the community, has just died. Besides his wide scientific, literary, and official connexion, he was the first native student to give attention to Indian botany and Hindoo medicine, while his name is chiefly identified with the treatment of medicine.

THE Senate of the London University has adopted, by seventeen votes to ten, the following amendment on a proposal to obtain a new charter enabling the University to confer degrees on women:—"That the Senate is desirous to extend the scope of the educational advantages now offered to women, but it is not prepared to apply for a new charter to admit women to its degrees."

DURING the past five weeks 65 fresh patients were received at the Leavesden Asylum. Since the last report 23 had died and 2 had been discharged, leaving 1805 at present under treatment. There are in the Hampstead Asylum 500, and in the Caterham Asylum 1837 patients.

THE statement made at a late meeting of the St. Pancras guardians, relative to the impurity of the milk supplied to the children in the workhouse, has been authoritatively contradicted. The milk-supply is said to be specially good, and to contain from 9 to 10 per cent. of cream.

THE water-supply of Birmingham is again far from satisfactory. Dr. Hill, the medical officer of health for the town, reports that during the month of June the water was "very turbid," and that its proportion of organic nitrogen was unduly high.

WE have much gratification in recording that his Royal Highness the Duke of Edinburgh has appointed Joseph Fayrer, Esq., M.D., C.S.I., honorary physician to Her Majesty, to be physician to his Royal Highness.

ON the 30th ult. the triennial dinner of the graduates of Queen's College, Cambridge, took place at the Freemasons' Tavern, under the presidency of Dr. Herbert Davies, of the London Hospital.

THE Grocers' Company have made the munificent gift of £20,000 towards the formation of a new wing to the London Hospital, which is to bear their name, and on Saturday last the ceremony of laying the foundation-stone was performed by the Master of the Company. When completed, the hospital will be able to accommodate 800 in-patients.

A PENALTY of £20 and costs (amounting to £5 1s. 6d.) have been recovered through the Halifax County Court from a person named Anderton, a homœopathic chemist in Halifax, for illegally practising as an apothecary.

THE Local Government Board contemplates the re-arrangement of the pauper schools in the metropolis, and proposes to bring them all under one management.

WE understand that Dr. J. Milner Fothergill is a candidate for the vacant Professorship of Materia Medica and Therapeutics at King's College Hospital.

AS we announced, Surgeon-General Dr. Currie, C.B., will be the late Dr. Beatson's successor, and has been ordered from Madras to Simla for that purpose.

MR. WARD, Demonstrator of Anatomy at Queen's College, Galway, has been returned in the Home Rule interest for Galway County.

THERE is still a considerable amount of fever existing in Deptford, and patients continue to be sent to the Stockwell Fever Hospital.

DR. PROTHEROE SMITH has been elected a Corresponding Member of the Medical Society of St. Petersburg.

THERE is no improvement, we regret to say, in the condition of Sir C. Locock.

THE SEPARATION OF ACIDS FROM THE ALKALINE BLOOD.

No satisfactory explanation has as yet been given to account for the separation of the acid urine and gastric juice from alkaline blood. We have recently, however, witnessed some experiments made by Dr. Ralfe in the laboratory of the Charing-cross Hospital, which promise to explain this seeming paradox.

This gentleman introduces an alkaline solution, consisting of bicarbonate of soda and neutral phosphate of soda, into a small U tube, fitted with a diaphragm at the bend, and passes a weak electric current through the solution. In a short time the fluid in the limb connected with the positive pole becomes acid, from the formation of acid phosphate of soda, the salt which gives urine its acid reaction; while the fluid in the limb connected with the negative pole increases in alkalinity. The changes effected in the solution are represented by the following formula:—

Bicarbonate of soda		Neutral phosphate of soda
$NaHCO_3$	+	Na_2HPO_4
Carbonate of soda		Acid phosphate of soda
$= Na_2CO_3$	+	NaH_2PO_4

To account for the formation of free hydrochloric acid in the gastric juice, chloride of sodium is substituted for the neutral phosphate of soda, the decomposition in this case being

Bicarbonate of soda		Chloride of sodium
$NaHCO_3$	+	$NaCl$
Carbonate of soda		Hydrochloric acid
Na_2CO_3	+	HCl

The fact that from an alkaline solution, containing salts like those found in the blood, acids can be separated which are identical with those found in the urine and gastric juice is extremely interesting, and of physiological importance.

Correspondence.

"Audi alteram partem."

THE COLLEGE EXAMINATIONS.

To the Editor of The Lancet.

Sir,—As I have been long persuaded that much reform is needed in the manner of examination at the College of Surgeons, I should like to say a word on this subject, which has been recently and prominently brought forward. The complaint is too often true that the examination—that in anatomy especially—is very much composed of anatomical riddles and conundrums. Within the last five years I have had experience both of the membership and fellowship examinations, and one or two scenes are impressed upon my mind. Take this at my primary membership. After a short discussion on the minute structure of the kidney, Mr. A. said, "I suppose you know the tubules of the kidney under the microscope?" "Yes." Mr. A.: "Then just look at that." The section which I examined was one of lung tissue, and on my saying so, Mr. A. said to Mr. B., the other examiner, "Oh, that's the wrong one." I was referred to the other microscope, which contained under it some striped muscular fibre. I still think, as I thought at the time, that I was intended to mistake striped fibre for kidney tubule; and if this be denied, or thought to be impossible, I must simply refer to the questions which were put, and the mode of putting them, and to the fact that such was the impression conveyed by the language of the examiner to my mind. Again, I was examined on a well-known specimen—a perfect type of the Lincoln's-inn preparation—the head of a femur with about an inch of each of the various muscles attached thereto remaining. This specimen, never touched by myself, was held by Mr. A., who twisted it first in one direction and then in another, caught hold of one muscle in this way, and another in that, and withal displayed such marvellous power of jugglery, that I cannot help thinking he must have enjoyed playing with this anatomical toy.

At my primary fellowship I cannot say how many minutes were wasted over a most unimportant point in the anatomy of the brain. After a good deal of beating about the hemispheres and ventricles, it became clear that the "foramen of Bichat" was the answer sought. Can anything be more embarrassing to a student than to find his examiner dwelling on facts which he has been taught to pass by? But perhaps it is not fair to expect that men not conversant with anatomy and its teaching should give the proper weight and import to the questions which they ask. At my pass fellowship I had the pleasure of meeting two surgeons at a hospital. I had some half-dozen very ordinary cases to examine, but to this day I look back with disgust upon the performance. The refrain in an execrable modern farce played some years ago at a London theatre was "Quarrel, quarrel, quarrel," and this examination consisted of "quarrel, quarrel, quarrel" between Mr. M. and Mr. N. I came away convinced that in this, the easiest part of my examination, I had failed; but, on reflection, I merely felt that I had not been examined at all.

Now I would respectfully maintain that no such scenes as these, and no such reminiscences, should be possible in any examination. On other examinations, both in anatomy and surgery, more trying and prolonged than those at the College of Surgeons, I can look back with nought but feelings of satisfaction. The primary examinations especially need reformation. Can anything be more absurd than for a man long unused to think accurately on anatomical points, who has neither dissected nor taught for years, who knows in fact very little about anatomy, to examine men fresh from the schools? How ludicrous it was when, some years ago, a distinguished surgeon became examiner. The system alone required him to undertake the work, and it was commonly reported that before commencing his duties this distinguished surgeon referred himself to his anatomical studies for three months. An examiner thus placed must, for self-protection, resort to tricks and riddles, which are most confusing to a nervous student, and do often destroy his confidence and ruin his chance of passing the examination. Of course there are some men cool and collected in the hour of trial, but a man's prospects in life depend so much on his success at the College examination, and the previous uncertainty of passing it is always felt to be so great, that no wonder many present themselves nervous to a degree, to whom a word of encouragement would come as a voice of inspiration from on high, but the tricky propounding of a riddle as an aid to the first step on the road to failure.

Lengthen your examination and let it be a thorough test; that in anatomy, by men engaged in anatomical studies; that in surgery, by masters of their art. Abolish from it all semblance of mystery and enigma, and there will no longer be a chance of the failure of good men and the success of bad.

The system is already doomed, and the exposure of its grossest blots must hasten its destruction.

I am, Sir, &c.,

30th June, 1874. A Fellow.

THE MEDICAL WOMEN QUESTION.

To the Editor of The Lancet.

Sir,—I have been requested to beg your insertion of the subjoined resolution of the Council of the Westminster Hospital Medical School.

I am, Sir, your obedient servant,

George Cowell, Dean.

[Copy.]

"That the Council of the Westminster Hospital Medical School, after discussing a proposition from certain ladies for the formation of a Female Department of the Medical School, decide that such proposition be declined; and that the Dean be requested to hand a copy of this resolution to each of the medical journals."

PARIS.

(*From an occasional Correspondent.*)

The recent order of the Prefect of the Seine, by which the asylums of Sainte Anne (commonly known as the Hôpital Clinique des Aliénés), the Bicêtre and Salpétrière, are closed to clinical instruction, on the ground that it is wrong to expose those who are suffering from insanity to the public gaze, is the subject of much and not very favourable comment at present. Although the names of these institutions are well known to most, some account of a visit to the Salpétrière may be of interest to your readers, especially as it is a not uncommon error to suppose that it is entirely devoted to the care of the insane.

The official title of the Salpétrière is the Hospice de la Vieillesse (femmes), the corresponding institution for men being the Bicêtre. Its object is to provide an asylum for women who from age or infirmity are unable to obtain a living or follow their occupation. It is, however, divided into two distinct and separate institutions, which are under completely different management, the one for the aged and infirm, which is under the control of the Administration Général de l'Assistance Publique, or general management of the hospitals; the other, for the insane, which is regulated by the municipal authorities. The mode of appointment of the medical staff is also quite different; in the case of the former they are appointed as those of the other hospitals, in the latter by the city.

Into the division of the insane, females of any age, from childhood upwards, suffering from any form of mental disease are admitted, hence it corresponds closely to a distinct asylum. The number of patients is usually about seventeen or eighteen hundred. The present physicians are MM. Trélat, Moreau (de Tours), Delasiauve, and Aug. Voisin.

The larger division, however, is that which is devoted to the care of the "infirm." Into this are admitted females of any age above eighteen years who are incapable of supporting themselves, whether from old age, disease, or infirmity of any kind. The number of these is over 3000, of whom perhaps the majority are incapacitated simply by old age or the loss of a limb, &c.; but a considerable number by

paralysis of various forms, and chronic rheumatism, cancer, &c. The cases of cancer are usually in an advanced stage, and these, together with cases of advanced or progressing paralysis, &c., are placed in a building reserved for the incurable. The remainder are distributed in blocks of buildings, which form the sides of large quadrangles, which are laid out as gardens and traversed by numerous avenues of trees. The blocks are of several storeys and of simple arrangement, the wards being mere dormitories.

In addition to these, there is a large infirmary of about 200 beds, the wards of which are similar to those of most of the Paris hospitals, in which all acute cases of disease are treated so long as they require special attention, and as soon as this becomes unnecessary they are returned to their own dormitories, where they can still be watched. A few cases of special clinical interest are also kept here for observation. The infirmary is constantly full, notwithstanding the speedy removals. It should be mentioned that there is a separate section for epileptics, which is in the portion of the building used for the asylum, but under the care of the physicians of the hospital. The medical staff consists of two physicians, MM. Charcot and Luys, and one surgeon, M. Meunier.

With the exception of the large field for observation, there is nothing special in the character of the institution. It is, in fact, to the scientific labours of MM. Charcot and Vulpian and their assistants that the Salpêtrière owes its reputation as a place of scientific research. When these two gentlemen were appointed physicians to the hospital about eleven years ago, they commenced a series of systematic observations upon all the "*infirmes*," whether suffering from any acute disease or no, which they continued during a series of years; they were thus enabled to trace the onset and progress of various forms of disease, especially paralysis, and to follow them to a fatal termination, in some cases, after several years. The pathological work done here has been also entirely unaided, the laboratory receiving no support whatever from the administration. M. Vulpian left two or three years ago, but M. Charcot, aided by his able interne, M. Pierret, still continues the work. The value of their observations can hardly be overestimated, when one considers how rarely opportunities occur of prolonged clinical observation of such cases, and eventually careful pathological observations by the same person.

Of the numerous cases of interest at present under M. Charcot's care, it will suffice to mention some of hysteria with epileptiform attacks, associated with signs of ovarian irritation and unilateral anæsthesia, of which M. Charcot has four or five at present under treatment. One of these is a strong, healthy-looking girl, of about nineteen, who suffers from pain in the right ovarian region, and has been the subject of hysterical attacks of epileptiform character for some time. At the time of the visit she was in one of these fits of a very marked character, with violent convulsive movements of the limbs. M. Charcot immediately applied firm pressure with both hands deeply towards the right side of the pelvis, with the result of checking the convulsions in the course of a few seconds, the patient becoming quiet and sensible, and sitting up in bed as if waking from a dream. After a minute or two the attack returned, but was again almost immediately checked by a repetition of the treatment, and did not recur. The next case was that of a girl of eighteen, of short stature, with a decidedly half-witted look. She also is the subject of attacks of hysteria simulating epilepsy, and suffers from pain in the left ovarian region, with irregular menstruation. She had complete anæsthesia of the left half of the body. She bore complacently, and seemed rather amused at having a large iron hairpin run through a thick fold of skin pinched up from the neck, and similar treatment of the hand. A third, aged thirty-two, has also been for some years subject to attacks of epileptiform character, pain in the right ovarian region, and almost entire anæsthesia of the right half of the body. She had a slight attack at the time of the visit, which was preceded by a period of slight confusion, vague aspect, unsteadiness, and pallor of the face. After two or three minutes she fell suddenly on to the floor, apparently unconscious, lay struggling for a second or two, then got up by herself and looked as if nothing had happened. Another patient, aged fifty, subject to epileptiform attacks, during which the movements resemble those of tarantism, and who has similar symptoms, had a thick sewing-needle thrust through the fleshy part of her tongue on one side without appearing to feel it, and deeply through the hand, without any sign of knowing what was going on. She appeared very cheerful and healthy in other respects. In all these cases there are pain in the neighbourhood of one ovary, attacks of hysteria of epileptiform character, which are relieved or checked by pressure in that neighbourhood, unilateral anæsthesia, usually of the same side, affecting the whole of the lateral half of the trunk, limbs, face, head, and tongue, and limited exactly by the median line, and in some of the cases well-marked localised spinal hyperæsthesia, or the so-called "spinal irritation." In most of the cases there is some irregularity of menstruation, but the seizures do not correspond to the catamenial periods, and the anæsthesia is constant. The sight of one eye is also usually affected. M. Charcot considers it a special form of hysteria of ovarian origin, and believes the prognosis as regards cure to be very unfavourable. With regard to the anæsthesia, he considers it impossible that it should be merely simulated, as has been suggested.

The portion of the institution used as an asylum is arranged on a somewhat different system from the other. The buildings are of only one storey in height, and are rather corridors surrounding large quadrangles. The patients are classified in the different sections, and the arrangements resemble closely those of most public asylums. There are two large gymnasiums for the idiot and imbecile children, of whom there are a considerable number. The only point of union between the two establishments is the kitchen, a large building in which all the food for the inmates and attendants, numbering in all nearly 6000, is cooked. It is unnecessary to give a more detailed account of the asylum, as it does not present any very special features of interest in its general arrangement.

The last two sessions of the Académie de Médecine have been occupied by a lively discussion on the injection of solution of chloral into the veins, which was introduced by M. Mialhe, who made experiments on the coagulation of albuminous fluids, and on defibrinated blood, with solutions of chloral, and of perchloride of iron of various strengths. M. Oré, of Bordeaux, has practised the injection of chloral in two or three cases, and his observations were quoted in the discussion by M. Bouillaud. M. Colin opposed M. Mialhe by counter experiments, and all the surgeons, led by M. Gosselin, spoke very strongly against the method. M. Béhier also took occasion, in his clinical lecture on Friday, to protest forcibly against it; so that at present it does not seem to find much favour here.

Paris, June 20th, 1874.

THE COLLEGE OF SURGEONS.

THE election into the Council of the College of Surgeons resulted in the re-election of Messrs. Marshall and Hilton, and the election of Mr. Baker, of Birmingham. Some two hundred and thirty Fellows voted, and the polling was prolonged till 5 P.M. The numbers for each candidate were as follows:—Mr. Marshall 152, Mr. Hilton 116, Mr. Baker 102, Mr. Smith 95, and Mr. Hussey 58. The numbers of "plumpers" for each candidate were—Mr. Marshall 13, Mr. Hilton 19, Mr. Baker 11, Mr. Smith 20, and Mr. Hussey 3.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the required examinations and received the diploma in Dental Surgery on June 29th:—

Canton, Frederick Arthur, Southampton-row.
Bryant, Frank, Huntingdon.
Alabone, Alfred, Newport, Isle of Wight.

UNIVERSITY OF DURHAM.—At a Convocation held on June 23rd the following degrees and licences in Medicine were conferred, after examination, at the Newcastle College of Medicine on June 15th, 16th, 17th, and 18th:—

M.D.—George Rowell, M.B., M.R.C.S.
M.B.—W. T. Wilson, Licentiate in Medicine, M.R.C.S.; Ralph Young, Licentiate in Medicine, M.R.C.S.
LICENCES IN MEDICINE.—Andrew Arnold; Charles W. Wilson.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on June 25th :—

Caddy, Henry, Ulverston, Lancashire.
Hicks, Edw. John Wm., George-street, Hanover-square.
Otley, Walter, General Hospital, Nottingham.
Woodforde, Alfred Pownell, Marylebone-road.

The following gentlemen passed their Primary Professional Examination on the same day :—

John Frederick Breach, Guy's Hospital; Herbert Arthur Glyn, St. Bartholomew's Hospital; William Sewell, St. George's Hospital.

THE London meeting in connexion with the Edinburgh University Building Extension Fund, intended to be held about this time, has been postponed till November.

PLEURO-PNEUMONIA and foot and mouth disease are causing serious ravages among the cattle in Surrey. There were, by the last report, seventy-seven affected animals.

DR. FRANKLAND reports that the waters drawn during the past month from the mains of the Chelsea, Southwark, Grand Junction, and East London Companies were slightly turbid, and each contained moving and living organisms.

BRITISH MEDICAL ASSOCIATION.—At a recent meeting of the Committee of Council the following resolution was passed :—"That it be recommended to the annual meeting at Norwich to grant a sum of £200 for distribution in grants in aid of researches in anatomy and physiology, the action of remedies, clinical medicine, or clinical surgery."

A TESTIMONIAL, consisting of a handsomely engraved silver salver, was recently presented to Mr. H. J. Brown, late senior medical officer of the Clerkenwell Workhouse, on the occasion of his relinquishing his appointment under the Local Government Board, and leaving the neighbourhood. The salver bore the following inscription :—"Presented by members of the Vestry and other Local Boards, and inhabitants of the parish of Clerkenwell, to Henry John Brown, Esq., F.R.C.S. Eng., as a memento of their sincere esteem and regard for him in his public and private capacity, on his retirement from the parish after nearly thirty years' connexion therewith as senior medical officer to the poor, and with their best wishes for his health, happiness, and prosperity.—23rd June, 1874."

VACCINATION GRANTS.—The following gentlemen have received Government grants for efficient vaccination in their respective districts :—Dr. G. G. Pottle, St. Luke's Division of the Holborn Union, £42 7s.; Mr. C. Ashenden, M.R.C.S., of Hastings, £33 18s.; Mr. H. T. Harvey Mead, of Christchurch, £21 15s. (second grant); Samuel S. Dyer, M.D., Ringwood Union, £12 16s.; Dr. Thos. Wilson, of Alton, £12 1s. (fourth grant); Mr. W. B. Irving, Long Bennington, Feston, and Clayford District of the Newark Union, £9 14s. (second grant); Mr. Beaven Rake, No. 2 District of the Fordingbridge Union, £8 2s.; Dr. Waring Curran, of Mansfield, £5 7s. 4d.; Walter Sheppard, M.D., 3rd District of the Alton Union, Hants., £5 2s. 8d.

Medical Appointments.

BADCOCK, L. C., M.D., M.R.C.S.E., has been appointed Public Vaccinator for the Central District of the Parish of Brighton, vice Sewell, deceased.

BAKER, R., M.D., has been appointed Medical Superintendent of the Friends' Retreat, near York, vice Kitching.

BROWNE, Mr. G. B., has been appointed a Demonstrator of Anatomy at University College.

CROLY, R., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Attendant to the Royal Irish Constabulary, Crossakiel and Knockrath, vice Carleton.

CULLEN, J. F., M.D., has been appointed Certifying Factory Surgeon at Alexandria, Dumbartonshire, vice Rickards, deceased.

GLANVILE, J., M.R.C.S.E., has been appointed House-Surgeon to the Seamen's Hospital, Greenwich, vice Cant, whose appointment has expired.

GORDON, J. H., M.D., has been appointed Medical Officer to the Salisbury Medical Club and Provident Dispensary, vice Lee, resigned.

GRAYSON, F. D., M.R.C.S.E., has been appointed Medical Officer for the Hadleigh District of the Rochford Union.

KINGSLEY, G. T. S., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Attendant to the Royal Irish Constabulary, Borrisokane, Co. Tipperary, vice MacGarvey, deceased.

KITCHING, J., M.D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Consulting and Visiting Physician to the Friends' Retreat, near York, on resigning as Medical Superintendent.

KNIGHT, C. F., M.R.C.S.E., has been appointed Medical Officer to the Farringdon-road Workhouse of the Holborn Union, vice Brown, resigned.

MACDONALD, J. E. L., L.R.C.P.Ed., has been appointed Medical Officer to the Stockton-on-Tees Friendly Societies' Medical Association.

MORRIS, J., M.R.C.S.E., has been appointed Medical Officer for the Eastern District of the Parish of Brighton, vice Geere, deceased.

NUGENT, E., L.K.Q.C.P.I., has been appointed an Examiner in General Education at the Royal College of Surgeons in Ireland.

OATES, J. P., M.R.C.S.E., has been appointed Medical Officer for the Tanworth No. 1 District of the Solihull Union, Warwickshire, vice Parsons, resigned.

OWEN, R. E., M.R.C.S.E., has been appointed Medical Officer of Health for the Beaumaris Urban Sanitary District: £15 per annum; acreage 3069; population 2500.

PHILPOT, C. W., M.D., has been appointed Certifying Factory Surgeon at Croydon, vice Carpenter, resigned.

PILKINGTON, H. O., M.R.C.S.E., has been appointed Medical Officer of Health for the Preston Urban Sanitary District: £100 for one year; acreage 2818; population 85,428.

RAKE, B., M.R.C.S.E., Medical Officer to the No. 2 District of the Fordingbridge Union, has been appointed Medical Officer of Health to the same District: £15 for one year; population 2837.

ROSS, J. H., M.D., M.R.C.S.E., has been appointed Public Vaccinator for the Eastern District of the Parish of Brighton, vice Geere, deceased.

SHAPLEY, Mr. H. T., has been appointed Junior Resident Medical Officer to the London Hospital, vice Herman, appointed House-Surgeon.

THOMPSON, J., M.D., has been appointed Medical Officer for No. 5 District of the Barnstaple Union, vice COX, resigned.

TURNER, W. M., M.R.C.S.E., has been appointed Assistant Medical Officer to the Staffordshire Lunatic Asylum, Stafford.

WALLACE, A., M.D., has been appointed Certifying Factory Surgeon at Turriff, Aberdeenshire.

WELBY, W. M. H., M.R.C.S.E., has been appointed Assistant Visiting Surgeon for Shorncliffe, under the provisions of the Contagious Diseases Acts (Women).

WHITMARSH, W. M., M.D., M.R.C.P., has been reappointed Medical Officer of Health for Heston and part of Isleworth.

WOODHOUSE, S., M.B., has been appointed an Examiner in General Education at the Royal College of Surgeons in Ireland.

Births, Marriages, and Deaths.

BIRTHS.

COLMER.—On the 28th ult., at Yeovil, the wife of P. S. H. Colmer, L.R.C.P.Ed., of a son.

DUNCAN.—On the 26th ult., at Buckingham-palace-road, the wife of H. M. Duncan, M.D., prematurely, of a son.

ILES.—On the 25th ult., at Watford, the wife of F. H. W. Iles, M.D., of a daughter.

MOINET.—On the 23rd ult., at Alva-street, Edinburgh, the wife of F. W. Moinet, M.D., of a son.

PALMER.—On the 22nd ult., at Loughborough, the wife of W. Grimes Palmer, M.R.C.S.E., of a son.

SMART.—On the 23rd ult., at Grange-road, Bermondsey, the wife of David Smart, L.R.C.P.L., prematurely, of a daughter.

MARRIAGES.

BOOTH—CANWARDEN.—On the 11th ult., at St. Saviour's, South Hampstead, Edward Johnson Hardy Booth, M.R.C.S.E., to Amy Sophia Canwarden, niece of Mrs. Harris, of Isham, Northamptonshire.

WAKEFIELD—RAWDON.—On the 25th ult., at St. George's, Hanover-square, Henry Wakefield, M.R.C.S.E., Surgeon-Major 19th Bombay Native Infantry, to Geraldine Marion Emmott, daughter of Major-General Green Emmott Rawdon.

DEATHS.

BROXHOLM.—On the 22nd ult., J. Horton Broxholm, M.D., of Sunbury, aged 48.

DOUGLAS.—On the 25th ult., Arch. Douglas, M.D., of Clifton-place, Hyde-park, formerly of Edinburgh, aged 57.

FLETCHER.—On the 27th ult., Wm. B. Fletcher, Surgeon, of Rainford, Lancashire.

M'NICOL.—On the 22nd ult., John Clark M'Nicol, M.D., of Clayton-le-Moors, Lancashire, aged 29.

O'CONNOR.—On the 19th ult., T. J. H. O'Connor, L.R.C.P.Ed., of Heyworth-street, Everton, Liverpool, aged 34.

PEDGRIFT.—On the 22nd ult., Robt. Pedgrift, L.S.A.L., of Loddon, Norfolk, aged 73.

SCOT.—On the 25th ult., at Laurencekirk, Thos. Goldie Scot, M.D., Deputy Inspector-General of Hospitals.

SMIRTHWAITE.—On the 19th ult., Geo. Smirthwaite, M.R.C.S.E., of Coal-Clough, Burnley, aged 55.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

BOOKS ETC. RECEIVED.

Mr. James Hinton: Membrana Tympani.
Drs. Harvey and Davidson: Syllabus of Materia Medica.
Dr. R. Gallais: Douze-cents Formules Favorites des Médecines Françaises et Etrangers.
Dr. West: The Harveian Oration for 1874.
Dr. Birkett: Thomson's Conspectus.
Sir W. R. Grove: The Correlation of Physical Forces.
Dr. Saxby: The Birds of Shetland.
Rev. B. W. Savile: Apparitions.
Miss Busk: The Valleys of Tirol.
Contanseau's French Series.

Notes, Short Comments, and Answers to Correspondents.

THE PERILS OF POLO.

THE accident that occurred to Captain Reynardson in the recent Polo match is by no means the first to which that animated game has given rise. About the middle of the twelfth century, at Byzantium, where polo was a favourite pastime with the emperors, princes, and nobility, the Emperor Manuel Comnenus, one of the greatest warriors and athletes of his time, sustained a severe injury in the course of the game. The occurrence is mentioned by the historian, Joannes Cinnamus, who prefaces his description with an account of polo, which proves that the game as played at Lillie Bridge is identically the same with that in which the Byzantine Emperors indulged. While Manuel was wheeling his horse in pursuit of the ball, the animal fell and rolled over him. The weight of the horse inflicted a severe contusion of the hand and femur; but, in spite of that, the Emperor contrived to extricate himself from under it, and, though suffering the tortures of death (*quantumvis lethales paterentur dolores*), remounted, and plunged again into the throng of the players. He was soon, however, compelled to desist, and had to be removed to his tent, where he swooned away. He lost all recollection of the previous day's occurrences; but in two days' time he rallied, and was able to march to Aponmea in prosecution of the campaign on which he had entered.

Mr. G. Pell.—Tomes's Dental Surgery (Churchills) is a complete manual.

DEATH FROM CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—It is with much regret that I write to inform you of the sudden death of Mr. T. J. Baker, M.R.C.S., an esteemed and well-known medical practitioner in this neighbourhood. The circumstances of his decease are as follows.

After having retired to rest last Saturday night, he awoke about two in the morning, suffering from dyspeptic symptoms, to which he was at times liable. In order to obtain relief from this, he went down into his surgery to fetch a bottle containing some bicarbonate of potass dissolved in brandy and water, which he was accustomed to take when troubled with gastric derangement; but unfortunately he neglected to take a light with him, and in the darkness mistook a bottle of carbolic acid for the one of which he was in search. He took it up to his bedroom, poured out a dose, and swallowed it before he discovered the fatal mistake. He vomited directly nearly all he had taken; but the shock had already overpowered the heart's action, and when I arrived on the spot, within a quarter of an hour afterwards, life was quite extinct.

At the post-mortem, the brain was healthy; the lungs engorged; the heart empty, relaxed, and containing no clots; the blood everywhere abnormally fluid. The mucous membrane of the gums was corroded by the acid. The œsophagus was normal, its lining membrane not being apparently in the least degree affected. The stomach contained half an ounce or so of thick, shreddy mucus, while the whole surface was acutely inflamed. There was nothing remarkable about the other organs.

It is somewhat extraordinary that so small a dose—probably about two or three drachms of crystallized carbolic acid, rendered fluid by the addition of a very small quantity of water, a great part of which was speedily vomited—should have produced so fatal a result in such a short space of time. Mr. Baker was sixty-three years of age, with a slow, weak pulse, and a flabby, dilated heart, and death no doubt resulted from fatal syncope.

I think a case like this deserves some notice, not only from its interest in a toxicological point of view, but as a caution to others in the profession who are in the habit of treating themselves medicinally, especially if in the night, not to trust solely to their sense of touch in the selection of a drug, but *always* to *see* the bottle, and make sure of its contents before taking the dose.

I am, Sir, yours very truly,

G. O. SPENCER.

St. John's-park-villas, Upper Holloway, June 30th, 1874.

Anti-Darwin, (Colchester.) — Dr. Les Reinisch's work, entitled "Der einheitliche Ursprung der Sprachen der alten Welt." Dr. Reinisch maintains in its most literal sense the unity of the human race, which he brings out of Central Africa. His argument is mainly philological in its tenor, though he is prepared to defend it on other grounds.

F.R.C.S.E.—The University Court, we presume, is the body to which our correspondent should address himself.

Dr. Williams, (Dieppe.)—The paper shall receive attention.

INFANTILE MORTALITY.

To the Editor of THE LANCET.

SIR,—Some months ago you were kind enough, *apropos* of Mr. Mundella's Factory Bill, to insert a letter from me, advocating the institution of *crèches* in factory towns, and I rejoice to see in your last week's publication that the subject has your powerful advocacy. But this is merely a small instalment in the march of progress; for no real and decided improvement can possibly take place in the annals of infantile mortality until those two fatal fallacies—starch-feeding and the belief in teething having any infanticide tendency—are exploded. That the development of the teeth should be a cause of a child's death is about as probable as that the development of the hairs of its scalp or the bridge of its nose or any other natural development should be so. And starch-feeding is poisonous because it is antagonistic to the obvious dictates of physiology, and it would matter little therefore, as far as the luckless infants are concerned, whether the deleterious draughts of starch were administered by the mother in her garret or the attendant in the *crèche*. As, on a moderate computation, 300,000 infants in this country annually fall victims to these two fallacies, may I crave your help in exposing them?

Yours obediently,

Surbiton, June 23rd, 1874. SELBY NORTON, M.D.

COLD BATHS IN TYPHOID FEVER.

THIS method, which is gaining favour through the exertions of Brand, is not, however, so new as is supposed by some. In 1737, De Hahn saved a great many patients during an epidemic of typhoid fever by ablutions of cold water. Wright, an English naval surgeon, cured himself of typhoid fever raging on board his ship by having cold water poured upon himself. Currie was particularly successful in typhoid fever by cold affusions. This treatment was much advocated in Hufeland's journal in 1831, and energetically defended in France by Josse in 1835. Brand, however, has the merit of suggesting a method characterised by the following bold advice: "Give a cold bath of a quarter of an hour, whatever its effects upon the patient, whichever be the stage of the disease, the age of the sick, the symptoms, or the complications." It cannot, however, be denied that the cold plunge is inconvenient, and rather formidable, so much so as to frighten the patients and their friends. M. Lubanski, who gives the above details in *L'Union Médicale* of June 20th, 1874, thinks that the wet sheet would do as well.

Mr. Wynne Thomas.—We are afraid there is no redress in the matter.

THE SORROWS OF A CONSULTANT.

To the Editor of THE LANCET.

SIR,—Often enough you have sent to you complaints from general practitioners against the class to which I have attached myself, to the effect that they run away with the patients of the general practitioners, and charge fees which are closely in competition with their less ambitious brethren. But, Sir, there is another side to the shield, as you may learn if you will insert my short complaint.

Some years ago I started as a consultant in a special branch of practice in the large and important town of X., where there is a large and celebrated hospital, with a large and celebrated staff of physicians and surgeons, who are supposed to be the consultants of the town and district, but who really are men who get the best of the family practice, or rather they are on the staff in most instances because they, or their fathers, or their partners, have the best of the practice, the staff being elected by a poll of very many hundreds of subscribers. Consulting practice has, therefore, never made much way in X. Being warned of the dangers, I took another course—that is, I absolutely declined seeing patients, and I do still, unless in conjunction by interview or letter with their regular attendants. What has happened in scores of instances may be illustrated by what occurred the other day in the case of a very important patient, whose attendant is a Mr. F., personally well known to me. The patient entered my room, and said, "Doctor, I hear you are very clever in diseases of the toe-nail, and being sorely afflicted in that region I wish your assistance." I humbly acknowledged that the region mentioned had had a good share of my attention, and I found the patient required, and readily concurred in the proposal for, an operation involving special experience and great risk. On inquiry, I found that the patient had been under Mr. F., and had come to me without his knowledge. I showed the impropriety of this, and urged, much against my patient's wish, that Mr. F. should act with us. At length it was agreed that I should write to Mr. F., and I did by that night's post. I got no answer from Mr. F., and saw nothing more of the case until the patient came to me again last week, after some days' interval. Almost the first words the patient uttered were to the effect that the operation was desired, but it should not be done if Mr. F.'s services were indispensable. The patient had discharged Mr. F.; for no sooner did he get my note than he called on the patient with it, and expressed himself sorry that the patient had called on me, also that his profound belief was that Mr. Blank Dash, the great London toe-nail doctor, was the only person for the patient's case. The patient went to see Mr. Blank Dash; but as he said exactly what I had said, and as he spoke kindly of me, the patient came back to me.

Now, Sir, what can I do if another of Mr. F.'s patients comes to me as this one did? Write to him? Never. I would rather never see another patient. And he is only one of a dozen who act in the same way, not to me only, but to others, who would, if they could, act as fairly in consulting practice. My resolution for the future in the cases of such persons as Mr. F. is to recommend the patient to have another attendant.

Then another sorrow is that we younger consultants are crushed out by the old-fashioned physician, and I use the term with an offensive intention; for, by their hospital appointments and age-gained reputation, some of these men treat cases and take fees for consultations where the opinion of a brick-wall would be as useful. This I do not complain of; but look at this result to me. Twice this very morning in my consulting-room have patients told me that they expect me to see them twice in one case, and in the other three times, for the guinea. I told them both that my fee for a consultation was a guinea; but they answered that Mr. A. saw patients twice and Dr. B. three times for one fee. Both of these patients were sent to me by practitioners who recognise the advantage they gain by supporting one who is endeavouring to raise the status of the profession by raising his own. But how can I exist if I charge twice and three times what is charged by men any of whom might be my father?

Can you help me by your powerful opinion? I shall continue the struggle as long as my capital lasts, and then they will say, "Poor —— has failed." I shall say that I was undersold; but this dire catastrophe will not happen until I shall have given some more instances, and have given real names and places.

I am, Sir, yours, &c.,

June, 1874. A STRUGGLING CONSULTANT.

*** We have much pleasure in inserting the above letter. We may shortly have something to say on the sorrows of a struggling consultee. Meantime we heartily sympathise with him, and hope he will "live down" all opposition, and make the inhabitants of the comfortable town of X. understand the luxury and the duty of giving good fees for regular consultations.—ED. L.

Oxoniensis. — We should translate the small segment of diseased skin excised from the body "habenula"; on the analogy of Celsus (vii., 7, 8), "Tenuis habenula ab ulteriore orâ excidenda."

H. B.—1. We do not prescribe. Consult a medical practitioner.—2. We do not know where such specimens may be obtained.

BICYCLES IN COUNTRY PRACTICE.

Visitor would feel obliged if some of our readers who have used bicycles in the working of country practices would state their experience as to their utility in lessening stable expenses and fatigue.

Dr. J. F. Toplis, (Birmingham.)—The liberty of discussion often borders on licence; and if the Society for Suppressing Compulsory Vaccination were itself suppressed, it would be a good step in sanitary legislation.

Mr. Hayward.—Consult a surgeon.

L.R.C.P. Ed.—It is not legal for two persons in the same firm to sign a medical certificate in lunacy. Neither is it legal for an assistant to sign the certificate in conjunction with his principal.

HEALTH OFFICERS AND GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—In your impression of the 20th inst., under the above heading, you state that a "correspondent complains that the newly appointed medical officer of health of his district, in the discharge of his duties as health officer, enters the houses and bedrooms of patients of other medical men, giving them advice, and expatiating on their cases," &c.; and as a *raw youth*, holding an assistancy in my district, lately threatened to "show me up in THE LANCET" for making what I considered necessary inquiries respecting a reported case of small-pox, I am led to infer that your correspondent is the individual in question. Personally I disregard anything the writer may say as beneath my notice; but, under the above heading, I feel bound to show you that health officers may be wrongly complained of.

About a month ago I heard that fever existed in a neighbouring village, and that the medical man in attendance did not know whether it was a case of small-pox or not. I went to the house to inquire, and I even saw the patient, who was suffering from small-pox; and though he had been regularly visited by his medical attendants for more than a week, he was in an inner room, without any ventilation whatever, the fireplace being carefully made up. The only egress for any infectious emanations was through a door into an adjoining bedroom, occupied by four persons; and though I saw the patient, I did not "advise and expatiate," as he says, further than to recommend the people, for their own sakes, to attend to the ventilation, which they gladly did when it was pointed out to them. There was also a cesspool near the door, overflowing from an obstructed drain; and because I pointed out these things, as I was in duty bound to do, I excited the malignity of this medical tyro, who was most insolent and abusive when I met him. His information on the health officer obtaining the appointment is also at variance with truth; the reason he was elected being because the guardians thought him the best qualified for the office. And to show the incorrectness of your correspondent, his employer attempted, through his friends, to injure the health officer by bringing the question of his appointment and practising before the Board of Guardians; when, there being no stipulation that he should not practise, they approved of his conduct, and expressed their satisfaction that he was doing so much good in the neighbourhood.

I think, from the report of the above case of small-pox, you will agree that a medical officer of health was needed; and if you saw the number of cripples and the neglect of the poor people, you would also be of opinion that a practitioner of higher standing and ability was also required.

The chief cause of your correspondent's complaint is his own envious and malicious nature, and the insults and discourtesy I have received from him prevent my treating him as I should otherwise be glad to do.

Hoping, in fairness, you will give publicity to the above, as an explanation due alike to health officers and general practitioners,

I beg to remain, Sir, yours faithfully,

Ackworth, June 29th, 1874. WM. WIGHTMAN, M.D., &c.

To the Editor of THE LANCET.

SIR,—In your answers to correspondents, under the heading of "Medical Officers of Health and General Practitioners," you lay it down as a rule that a health officer must not see a case except in conjunction with the medical attendant. As a medical officer of health of a large rural district, would you allow me to state that such a rule is impracticable. This I will show you by quoting two cases.

The medical officer of health hears that a case of, say, small-pox has occurred in a remote part of his district. He goes immediately to inquire into it, and finds that the medical attendant lives four miles away. He would then have to ride over to see him, and perhaps find him away from home, and not expected back for hours. Under any circumstances, when he returns to the case, it is too late to remove it to hospital that day. The loss of one day, when the patient is in a crowded cottage, would be serious.

Now let us imagine another case, which the medical attendant has pronounced to be small-pox, and which the medical officer of health has ordered to be removed to the Fever Hospital at the expense of the sanitary authority; but unfortunately when it arrived there was found not to be a case of small-pox. Would the excuse that the medical attendant said it was a case of small-pox satisfy the sanitary authority, who have to pay for the blunder? Certainly not; they would censure the medical officer of health for having sent in such a case.

In the Orders of the Local Government Board as to the duties of the medical officers of health, the 6th Order virtually requires the case to be seen, as no instructions can be given *unless the case is first seen*, to make sure that it is a case of infectious disease.

My idea is that all medical officers of health should be out of practice, so as not to be rivals of their professional brethren; that they should most strictly avoid saying anything in reference to medical treatment either past or future; and in cases where they have ordered patients to be removed to hospital for the purpose of isolation, they should send a courteous message to the medical attendant to that effect.

As your dictum, Mr. Editor, is so much and deservedly prized by the profession, I hope you will allow me to give these reasons, in order to induce you to alter your opinion on a question which seriously affects medical officers of health in wide districts, where they cannot see the medical attendants of cases without very serious inconvenience and loss of time.

I am, Sir, yours obediently,

June, 1874. A MEDICAL OFFICER OF HEALTH.

A curious paragraph appears in the Eighteenth Annual Report of the Nottingham United Lunatic Asylum. Some suspicion having arisen regarding the purity of the well-water on the premises, an analysis was obtained. "The report was most unfavourable, stating that the water was *unfit* for washing purposes, and *undesirable* for drinking." Water that is not considered fit to wash dirty linen with is something more than undesirable for potable use.

Mr. Mackerd, (Long Eaton.)—Mislaid. We shall be glad to receive another.

E. P. P., (Yarmouth.)—The Marienbad Spa, a useful and accessible description of which has been lately published by Dr. Jagielski.

Mr. G. C. Coles is thanked.

CAUSE OF QUICKENING, ETC.

To the Editor of THE LANCET.

SIR,—The mechanical principles regulating the economy of the abdomen have not received much attention from medical writers. The other regions—namely, the cranium and the thorax—have been exhaustively treated by various authors. John Bell is the first writer who has correctly described the uniform and universal pressure which the muscular walls of that cavity exercise on its various viscera.

Dr. Matthews Duncan, in his essay on the Retentive Power of the Abdomen, cannot reconcile this view with the rise of the uterus in pregnancy and in other phenomena connected with the abdomen. The object of this letter is to show how Bell's view of universal pressure can be applied to the explanation of these phenomena.

Starting, then, with Bell's idea that the abdomen is no mere flaccid cavity with its viscera merely retained by ligaments, but that its muscular walls are firmly applied over its contents like an elastic web, it would appear at first sight that this would rather tend to keep the uterus down than assist in its rise; but when we consider the various factors engaged in the process, it will seem natural enough. During the early months of pregnancy the uterus, in consequence of its growth, sinks low in the pelvis. Its shape is pyriform. The depth of the abdomen is smallest opposite the lumbo-sacral promontory. Now the floor of the pelvis will only allow the uterus to sink so far; afterwards it must grow upwards towards the weaker point. Its rounded fundus now begins to impinge on the anterior abdominal wall, and when it has grown a little further, and its greatest circumference come within play of the muscular wall, it is projected upward towards the greater cavity. This is the phenomenon of quickening. Some sudden motion of the body gets the greatest circumference of the uterine dome through the narrowest part of the cavity, and the muscles of the wall reacting on it behind project it up; the intestines at the same time slipping down behind the uterus to occupy its former site, and giving rise to the feeling of fluttering described by women who have quickened.

Accepting this view of the cause of quickening, we have a tangible explanation why in the same woman quickening always occurs about the same time. It evidently depends on the relation which the uterus and the size of the pelvis bear to each other. Now when we consider that the pelvis varies in size in different women, we can see why the period of quickening varies in different women. From the above we may deduce that quickening, inasmuch as it may be caused by a uterine tumour, is no certain sign of pregnancy.

As to the position of an ovarian cyst, it is evident the walls of the abdomen push it towards the centre of the cavity, and I venture to predict that those cysts which have been slow of growth will have longer pedicles than those which have grown rapidly, and been but a short time exposed to this traction and have sooner reached the equilibrium of muscular pressure.

The reason for the increase of the lower circumference is a result, and not a cause, of the rise of any tumour whatever. The tumour, when fully occupying the abdomen, tends to keep the lower margin of the chest in the position of inspiration more or less; and when it has grown very large, it might pull it out beyond even the limits of forced inspiration, by pressing on the abdominal wall, by increasing its tension on the thorax, and by pulling its lower margin, seeing that it can act over the greatest circumference of the tumour as a fulcrum.

I remain, Sir, yours truly,

PETER TYLER,
Resident Medical Officer, Crumpsall Workhouse, near Manchester.

June, 1874.

Mr. George Dove.—There are only two ways of terminating such a business, the legal and the moral. If the latter fail, the former should be tried, if not too costly. But we should recommend the avoidance of law, if possible.

A Country Practitioner.—The letter is a remarkable specimen, and is entitled to the credit of being out of the fashion. After such abstemiousness the patient, if he survived, would be either better or worse.

FATAL CASE OF ENGLISH CHOLERA.

To the Editor of THE LANCET.

SIR,—The following case seems to have been a well-marked example of English cholera, terminating fatally in the first stage; and, happening at this season and in this neighbourhood is, I think of sufficient interest to warrant me in directing attention to it in THE LANCET.

J. H——, a well grown and nourished boy, aged nine years, under treatment for a fractured jaw, but convalescent, was seized at 3.30 A.M. on Monday with purging and pain in the belly. The purging continued, and was accompanied with vomiting. At 9 A.M. the lad was algide, blue, shrunken, and pulseless, his motions passing unheeded in the bed, and at 11 A.M. he died, being quite conscious to the last. The stools were thin, at first of a light-yellow, and afterwards of a brown colour; they were offensive, and there was an abundance of bile in the vomited matters. With the exception of some vascularity at the cardiac end of the stomach, a post-mortem examination revealed no trace of irritation in any part of the intestinal mucous tract, and the other abdominal and thoracic organs were all healthy.

Yours truly,

FREDERICK PAGE, M.D., House-Surgeon.

Newcastle-upon-Tyne Infirmary, June 30th, 1874.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—As a clear understanding on all matters relating to professional etiquette is of paramount importance to medical men, I venture to bring the following correspondence under the notice of your readers. The circumstances are, I think, sufficiently set forth in the letters to enable them to comprehend "the situation." I may, however, explain that I have no reason to suppose that Dr. Quain could have been actuated by any other motive than a desire to do what he thought was right towards my local professional brother; but I cannot help thinking that in acting as he did he was unfairly oblivious of what was due to me. We most of us unfortunately know that patients too frequently change their medical attendant from mere caprice, often where least expected or deserved, and that such persons would be uncommonly puzzled to assign any reasonable cause for the step they had taken. Where such circumstances are at all known, the patients are valued accordingly; but in this case the individual was entirely unknown to me. If a person deliberately changes his or her attendant (reason or no reason), and has continued to employ the one subsequently called in for a considerable time (in this case years), it appears to me that no consultant is justified (in the absence of some better cause than here existed) in obliging him to be summarily dismissed, and taking on himself to send for the one previously employed. If my impressions are wrong, and I find that the treatment I have experienced is not exceptional, but orthodox, though I may continue to regard the measure as more drastic than agreeable (perhaps from being unfamiliar), I shall not hesitate to apologise for anything that in the heat of the moment I have written that may be considered disrespectful to Dr. Quain. I should say that, though I had learnt indirectly that an arrangement had long existed whereby Dr. Quain's supervision of this lady's well-being was secured, and that he was in the habit of visiting her periodically, yet nothing had previously occurred to necessitate our acting in concert, and from the patient herself I never at any time heard mention of Dr. Quain's name.

I am, &c.,

Weybridge, June 24th, 1874. GEORGE J. SEALY.

Oak Hill House, Weybridge, June 1st, 1874.

DEAR SIR,—I shall be much obliged if you will inform me whether, as I have just been apprised, you advised Miss T——, of this place, to dismiss me, her ordinary medical attendant, and took upon yourself to send for another local practitioner, and, if so, your reasons for taking such an apparently unusual and unprofessional course. You are probably aware that I have been in the habit of attending this lady and her household for some time, and I was sent for on the occasion of her previous attack of bronchitis two or three years since; but, having been out at the time, other assistance was obtained. Soon after this Miss T—— expressed to me her regret for what had then been done, and hoped I should consider myself their local medical attendant. Ever since I have been in almost constant attendance on Miss T—— or members of her establishment, and was in due course sent for this morning, when I found her suffering from bronchitis, and prescribed for her accordingly. Having the best of reasons for knowing that my efforts have always been most highly appreciated by my patient, and never having experienced anything of the kind in connexion with any of my professional brethren before, I am perfectly at a loss to account for it. Will you kindly explain the circumstances at your earliest convenience, and oblige,

Yours faithfully,

Dr. Quain, 67, Harley-street, W. GEORGE J. SEALY.

[COPY.]

67, Harley-street, W., June 3rd, 1874.

DEAR SIR,—I beg to acknowledge the receipt of your letter of the 1st inst. Miss T—— and the several members of her family have been under my professional care for the last twenty years, and it was not until Monday (1st inst.) that I heard your name mentioned in connexion with any professional services rendered to her. On the contrary, I knew that Mr. A. B., of Weybridge, and subsequently his partner, Dr. C. D., have been the *local medical attendants* of Miss T—— and her family *for many years;* more especially since *four* years ago (in the last severe illness which she had) Dr. C. D. attended her, in consultation with myself, with great skill and attention, the illness being a severe attack of bronchitis, such as seems to threaten her now, and which lasted several weeks. Under these circumstances it was with great regret and surprise I found that you had seen and prescribed for Miss T—— on the 1st, without the slightest reference to my having been called by telegram to see her. I thought it my first duty to inquire why I was not to meet Miss T——'s usual medical attendant? The explanation given to me was to this effect: that there was no reason, no fault to find with Dr. C. D., quite the reverse; but that as you "had been about the place recently attending one of the servants in her confinement," you had been asked to see Miss T——. Under these circumstances I had no hesitation in advising Miss T—— to retain the services of her regular medical attendant. I did so because I felt it to be unfair and unjust that you should take his place without any cause for his being superseded; 2ndly, because I thought it but right towards this aged lady that she should have the aid of one who, like Dr. C. D., had previously attended her in a similar severe illness with success; and 3rdly, I was not unwilling to show my disapprobation of the system of a medical man superseding a brother practitioner in attendance on a family, to which he obtained admission by attending one or more of the servants. Such is the explanation I have to give you in reply to your letter.

Yours truly,

Dr. Sealy. RICHD. QUAIN.

[COPY.]

Weybridge, June 5th, 1874.

SIR,—In acknowledging the receipt of your letter of the 3rd inst., I can only say that your exculpatory efforts are ingenious; but, in the face of the facts narrated, scarcely to the point. You found it convenient, I imagine, to ignore the statements contained in my letter of the 1st inst. I must, therefore, repeat that my first communication with any member of Miss T——'s household was with that lady personally, the interview having been entirely unsought for on my part; in fact, not quite understanding what had occurred on the previous occasion, it was not till I had received a second summons that I went. The explanation I mentioned in my previous letter was then volunteered. Why Miss T—— should have thought proper to depart from a course, probably originated by yourself, I did not consider it to be my business to inquire; but I don't for a moment imagine that if I had done so, I should have heard anything derogatory to the skill of my friend Dr. C. D.

I disapprove quite as highly as you can do "of the system of a medical man superseding a brother practitioner in attendance on a family to which he obtained admission by attending one or more of the servants," and flatter myself that those to whom I am known would not be likely, even in the absence of the foregoing statement, to think me capable of being a willing party to any such proceeding.

The gardener's wife, to whose confinement you refer, was attended by me, at Miss T——'s request, in September, 1873, so that would scarcely have led to my "being about the place" on June 1st, 1874. On the morning of that day a message was left at my house, asking me to see Miss T—— as early as possible, which I did, and prescribed for her, as I had frequently done before. I don't imagine that you had been communicated with at that time; at all events no mention whatever was made to me of your coming, or I should have arranged to have been at the house on your arrival.

In conclusion, I must say that I consider that you made a most unwarrantable use of your influence and position in advising a lady, only partially conscious as she then was, to dismiss a medical man whom she had selected long before, and who was then in immediate attendance, simply because he was unknown to you, and had taken the liberty of prescribing for the patient when you, though he was ignorant of the fact, were expected.

Inasmuch as a clear understanding with regard to matters of this kind is of such vital importance to the profession, I shall take the liberty of publishing this correspondence, and remain,

Your very obedient servant,

To Dr. Quain, 67, Harley-street. GEORGE J. SEALY.

67, Harley-street, W., June 6th, 1874.

DEAR SIR,—I beg to acknowledge the receipt of your letter of yesterday's date. The tone in which it is written clearly indicates that you are incapable of appreciating the injury and injustice you sought to inflict on a brother practitioner, and for preventing which you seek to cast blame upon me. I shall be well pleased to see this correspondence placed before the profession, which can recognise our respective positions in the matter.

Yours truly,

Dr. Sealy. R. QUAIN.

*** We can have no hesitation in saying that in this matter Dr. Sealy is almost entirely right, and Dr. Quain almost entirely wrong. Had Dr. Quain's first letter been his only one, this would have been our decision, and we might have constructed some slight excuse for his conduct out of considerations of temperament and disappointment at his not seeing the medical friend he was expecting to meet. Even in this letter, however, a claim is made which physicians are not in the habit of making, and which argues very singular views on Dr. Quain's part as to the duty of general practitioners and the deference due to consultees. Dr. Quain, after saying that the patient suffered from an attack which threatened life, expresses surprise and regret that Dr. Sealy had seen and prescribed for Miss T—— without the slightest reference to the fact that he had been summoned by telegram. Surely Dr. Quain does not mean general practitioners to understand that they are to stand by idly staring at patients whose life is threatened without an effort to relieve them, simply because he has been telegraphed for. But this is very much what he says. Still, keeping to the first letter, Dr. Quain comes out strongly, not in the capacity of a consultant with the medical man he knows to be in actual attendance, but in the character of a sort of judge between the medical man attending and one that he thinks ought to have been attending. We submit that for a physician to assume any such function is entirely to mistake his office. A physician living in Harley-street owes it to his own dignity to ignore all the little local and personal feelings which have led to a particular practitioner being called in, and, provided that he is not palpably irregular or unworthy, to treat him as a professional brother. Instead of this, Dr. Quain constitutes himself the judge of which local practitioner the patient should have, and advises his being retained—in other words, advises the dismissal of a gentleman who had been for years in attendance on the patient, and whose attendance originated in a perfectly regular and respectable way. Not only so, without seeing this gentleman, he seems mentally to have formulated against him various charges of unfairness to brother practitioners practised on system. To use his own words: "I was not unwilling to show my disapprobation of the system of a medical man superseding a brother practitioner in attendance on a family to which he obtained admission by attending one or more of the servants." Doubtless this "system" will not survive this heavy blow. But it was not the system in which Dr. Sealy's attendance on Miss T—— originated, and, even if it were, there is nothing in it to justify the judicial and oracular tone assumed by Dr. Quain. But Dr. Quain's first letter reads gentle compared with his last one, in which, criticising a second letter from Dr. Sealy—in which there is, to our thinking, nothing discreditable,—he says, "the tone in which it is written clearly indicates that you are incapable of appreciating the injury and injustice you sought to inflict on a brother practitioner, and for preventing which you seek to cast blame upon me." We shall not say what we think of this style of language on the part of one medical man to another, who has treated him with no disrespect, and who, on the contrary, has been deprived by him of a good patient, whom he was attending, and had been in the habit of attending for years. If men will set up as censors, they should first make sure whether they will be recognised in that capacity, and then make sure that they have grasped the facts and have a clear notion of right and wrong. We can only imagine that Dr. Quain, under the influence of an original error of temper, has steadily erred in judgment, and that on cooler reflection he will not defend his procedure in this case. Alas for consulting practice if it often took such forms!—ED. L.

Mr. John A. Hicks, (Devonshire Club, Eastbourne.)—The recent Consular Report, printed as a Parliamentary Blue-book, will supply our correspondent with the information required.

Junius.—We think not. The matter, however, was discussed at some length in our number for May 9th.

Dr. Ogilvie Will.—In due time.

ESMARCH'S PLAN IN THE MINOR OPERATIONS.

To the Editor of THE LANCET.

SIR,—I do not think that the great value of Esmarch's plan of bloodless operating has as yet been noticed in regard to its use in the minor operations, especially about the fingers and toes. For instance, in a case of compound fracture of the finger, where it is necessary to remove the whole or part of the finger, it answers admirably; and to a surgeon in private practice performing such an operation without the aid of a skilled assistant, it would be invaluable. A thick india-rubber ring, such as is used on an umbrella, answers very well. The finger being first carefully bandaged from the tip to the root, the ring should be rolled downwards to the root, and remain on the bandage. The bandage may then be cut away as far as the ring, after which the operation may be performed without the loss of a drop of blood till the ring is removed.

I remain, Sir, yours truly,

ALFRED KEBBELL, M.R.C.S.,

June 23rd, 1874. House-Surgeon to the York County Hospital.

LEAD-POISONING.

To the Editor of THE LANCET.

SIR,—In corroboration of the paragraph which appeared in your journal of last week in reference to the number of cases of lead-poisoning in the East-end of London, I may state that on June 29th I had three out-patients under my charge at the Metropolitan Free Hospital, suffering from lead colic, and my attention was accidentally called to a patient of one of my colleagues who was similarly affected.—I am, &c.,

F. DE HAVILLAND HALL, M.D. Lond., &c.

Bedford-place, Russell-square, July 1st, 1874.

CORRIGENDA.—On page 903, first column, first line, the words "above the cornea" should be inserted after "sclerotic"; and in the second column of the same page, line 30, for "beats," read "*heats*."

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. J. Hutchinson, London; Dr. Squire, London; Mr. Butlin, London; Mr. R. Harrison, Liverpool; Dr. Williams, Dieppe; Mr. Thomas, Birmingham; Mr. Pierce, London; Mr. Spencer, London; Mr. A. Fergusson, Peebles; Mr. Larkin; Dr. Greenfield, Paris; Dr. Taplin; Mr. Pottle, London; Dr. Page, Newcastle; Dr. Clouston, Edinburgh; Dr. Heywood Smith, London; Dr. Tripe, London; Dr. Crichton Browne; Mr. Pell, Horncastle; Mr. Mackerd; Dr. Munro; Dr. Hall, London; Mr. H. Mead, Christchurch; Dr. Wilson, Alton; Dr. Pearson, Dresden; Dr. Vacher; Mr. Waring-Curran, Mansfield; Mr. Robinson, Dublin; Mr. Comfield, Elland; Dr. Wightman, Ackworth; Dr. Britton, Halifax; Mr. Brocklehurst; Mr. Loudon; Mr. Hayward, London; Mr. Danks, Leamington; Mr. Irving, Grantham; Mr. Stocker, Liverpool; Dr. Dyer, Ringwood; Dr. Garstang, Blackburn; Mr. Shapley; Mr. Waterer, Bagshot; Dr. Hassall, Ventnor; Dr. Whitmarsh, London; Dr. Williamson, Ventnor; Mr. Ridley, London; Dr. Sheppard, Farnham; Mr. Reed, London; Mr. G. C. Coles, London; Dr. Arnison, Newcastle; Dr. Ogilvie Will, Aberdeen; Mr. Rake, Salisbury; Dr. De Renzy, India; Mr. Brown, London; Mr. Forton, London; Dr. Byles, Accrington; Dr. Ralfe, London; Dr. Tweedie, Hackney; Dr. Sawyer, Birmingham; Mr. Bond, Wigan; Dr. Row, Devonport; Mr. Webb, Dublin; Mr. Royds, Rochdale; Dr. Gramshaw, Walton-on-the-Naze; Mr. Norris, Edmonton; Mr. Fox, Bristol; Mr. Stephens, Newtown; Mr. Roberts, Shrewsbury; Dr. Blythman, Swinton; Mr. Gorman, Newcastle; Mr. Hordley, Stoke-on-Trent; Mr. Lownds, Walker-on-Tyne; Mr. Jackson, Beeford; Dr. Piggott, Stoke Ferry; Mr. Temple, Kington; Mr. Dove, Brigg; Mr. Barker, London; The Dean of Westminster Hospital; Q.; Viator; A Successful Candidate; The Secretary of the Royal Academy; M.D.; The Society of Medical Officers of Health; T.; J. L.; L.R.C.P.; T. S. D.; &c. &c.

LETTERS, each *with enclosure*, are also acknowledged from.—Mr. Dearsley, Tunbridge; Mr. Blakeney, Truro; Mr. Hughes, Nevin; Dr. Harris, Clifton; Dr. Flinn, Grinshill; Mr. Beaton, Wigan; Mr. Watts, Douglas; Mr. Taylor, Cupar; Mr. Foxe, Kendal; Mr. Burge, Shepherd's-bush; Dr. Richardson, Rhayader; Dr. Smith, Sittingbourne; Mr. Duckworth, Otley; Mr. Dowse, Longsight; Dr. Morrison, Wellingborough; Dr. More, Rothwell; Mr. Binney, Manchester; Dr. O'Leary, Milford; Dr. Webb, Wirksworth; Mr. Nunn, London; Mr. Stannard, Chesterfield; Dr. Lycett, Atherstone; Dr. King, Welwyn; Mr. Quarton, York; Mr. Short, London; Mr. Palmer, Loughborough; Dr. Watson, Irvine; Mr. Brady, Newcastle; Dr. Power, Madras; Dr. Hume, Falmouth, Jamaica; Mr. James, Aberaman; Mr. Watson, Thaxted; Mr. Strachan, Crook; Dr. Thursfield, Bridgnorth; Messrs. Argles and Stonham, Maidstone; Mr. Hawthorn, Wellington; Dr. Paxton, Kilmarnock; Mr. Baker, Wendover; Mr. Edis, Huntingdon; Dr. Robertson, Greenock; Mr. Wilson, Huddersfield; Mr. Skipp, Lydney; Mr. Buller, Godshill; Dr. Smith, Manningtree; Dr. Colmer, Yeovil; Mr. Davies, Morriston; H. Y., Richmond; Medicus, Manchester; M.D., Newington.

South London Journal, Welshman, Newcastle Daily Chronicle, Cork Constitution, Sunday Times, East London Observer, Surrey Advertiser, Volunteer News, Huddersfield Daily Chronicle, Manchester Guardian, Times of India, Bradford Observer, Isle of Man Times, Pioneer, and *Staffordshire Advertiser* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, JULY 2ND, 1874.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8 A.M.
June 26	29·68	S.E.	55	58	73	61	51	0·03	Cloudy
„ 27	29·63	E.	56	59	99	70	51	0·15	Overcast
„ 29	29·97	W.	56	60	100	71	49	0·15	Fine
„ 30	30·04	W.	59	64	115	72	54	...	Fine
July 1	30·05	W.	60	62	104	71	57	...	Raining
„ 2	29·93	S.W.	65	70	...	...	54	0·08	Fine

Medical Diary for the ensuing Week.

Monday, July 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, July 7.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, July 8.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Thursday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, July 9.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, July 10.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 11.

HOSPITAL FOR WOMEN Soho-square.—Operations, 9½ A.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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